

Whitehead Memorial Museum



A Night at the Museum

Whitehead Memorial Museum Sleepover Program

Roster of Participants

Sleepover Date: _____

Group Name: _____

Group Leader's Name: _____

Please fill out the names of all the participants (including adults) in the sleepover program and indicate the ages of the children.

Submit the roster form one week prior to your program. Make additional copies of this form if necessary.

Name of Participant	Age (if Child)
1.	
2.	
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