TALLY	Parent's Night Out - RSVP												
	LAST NAME (Parent)	FIRST NAME (Parent)	Phone	Email	NAME (Child)	Age	Gender	NOTES	CHECK IN	CHECK OUT		TEAM KEY BREAKDOWN	(Total Numbers)

TALLY	NURSERY - BREAKDOWN (Age: 0-3)											
	LAST NAME (Parent)	FIRST NAME (Parent)	Phone	Email	NAME (Child)	Age	Gender	NOTES	CHECK IN	CHECK OUT		
1	Smith	Joe	xxx-xxx-xxxx	joe@email.com	Jimmy	4	M	Asthma and bronchitis	X			
1												
1												
1												
1												
1								NO JUICE OF ANY KIND!! HIGHLY allergic to insect bites, Anxiety disorder (picks/tears his skin), Reseptive Language Disorder(may have to repeat instructions many times/model what you need him to do)				
1												
1												
1												
1												
1												
1												
1												
1												
1												
1												
1								Severe food allergies: Dairy, Soy, Wheat, and eggs. Carries EPI pen. I will send her food.				
1												
1												
1												
1												
1												
1												
1												
1												
1												
1												
Tally												
28												

TALLY	TEAM A BREAKDOWN (Age: 4-6)											
	LAST NAME (Parent)	FIRST NAME (Parent)	Phone	Email	NAME (Child)	Age	Gender	NOTES	CHECK IN	CHECK OUT		

TALLY	TEAM B BREAKDOWN (Age: 7-8)											
	LAST NAME (Parent)	FIRST NAME (Parent)	Phone	Email	NAME (Child)	Age	Gender	NOTES	CHECK IN	CHECK OUT		

TALLY	TEAM C BREAKDOWN (Age: 9-10)											
	LAST NAME (Parent)	FIRST NAME (Parent)	Phone	Email	NAME (Child)	Age	Gender	NOTES	CHECK IN	CHECK OUT		

TALLY	TEAM D BREAKDOWN (Age: 11-16)											
	LAST NAME (Parent)	FIRST NAME (Parent)	Phone	Email	NAME (Child)	Age	Gender	NOTES	CHECK IN	CHECK OUT		