



FACILITY RENTAL DEMOGRAPHICS

Group Name: _____

Begin Date: _____

End Date: _____

Location/Site: _____

Address: _____

County: _____

Total Participants: _____

PARTICIPANT CHARACTERISTICS *(as requested by United Way of Central Alabama):*

Gender	Ethnicity	Grade
Female _____	American Indian or Alaska Native _____	Pre-K _____
Male _____	Asian _____	K _____
Transgender _____	Black or African American _____	1 st _____
Other _____	Hispanic _____	2 nd _____
	Native Hawaiian/Pacific Islander _____	3 rd _____
	White _____	4 th _____
	Other Race _____	5 th _____
	Unavailable _____	6 th _____
		7 th _____
		8 th _____
		9 th _____
		10 th _____
		11 th _____
		12 th _____
		Adults _____

Signature of Camp Fletcher Representative

Signature of Group Representative