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HEALTH CLUB PERSONNEL ROSTER

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

List all personnel. Check all boxes that apply. Attach a current resume for all key (supervisory) personnel. Make duplicates or request more forms if needed. Use the following Key:

A - Certified Instructor B - Certification Organization C - Standard First Aid (Basic)

D - Independent Contractor E - Other, please specify: _____

NAME	AGE	YEARS EXPERIENCE	KEY PERSONNEL?	A	B	C	D	E
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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