TEAM AND CLEANUP GROUP ROSTER & EQUIPMENT LIST

TEAM DESIGNATION (NAME): _____

TEAM LEADER:	**TEAM MEMBER PHONE #S**
ASST. TEAM LEADER:	

EQUIPMENT WITH TEAM INCLUDING COMMUNICATIONS DEVICE
RADIO/PHONE TYPE:
OTHER EQUIPMENT AND ANY SPECIAL VEHICLE TYPES (TRUCKS, 4-WHEEL DRIVE, UTILITY TRAILERS, TRACTORS, BOBCATS, ETC.):