Blue Mountain Region Long Term Recovery Group
Team Registration and Background Check

Date: _____

Team Leader Name _____ Address _____

City _____ State _____ Zip code _____

Phone: (home) _____ (cell) _____ Email: _____

Work Dates: _____

Team Registration: please list full names of team members and email addresses below.
Background Checks: check the ˜Bkg. Ck." box for those needing them. Tell your team members to watch for an email from PeopleFacts.

No.	Member Full Name	Email Address	Bkg. Ck.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			