GBCI Reporting Template

Date	Group processing	Last Name	First Name	City	State	Zip	Telephone	E-mail	Date of Birth	Gender	Employer	Country of origin	# of Children under 18 (non-US Citizens)	Fee Waiver Completed	Med. Waiver Completed	N-400 Completed	N-400 Submitted	Reason Not Completed	Notes

This document is a sample. Applicant information should be logged in an Excel sheet maintained by a volunteer or staff member during the event.