

EMERGENCY NOTIFICATION FORM

THIS FORM IS REQUIRED FOR ALL TEAMS SHOULD THE COMMITTEE NEED TO CONTACT YOU CONCERNING CHANGES, WEATHER CONDITIONS, FIELD CONDITIONS, ETC.

Team: _____ Age: _____ B _____ G _____

_____ Commuting

_____ Hotel (name, city) _____

Contact Person: _____

Telephone Number: _____ E-Mail: _____

Alternate Contact: _____

Telephone Number: _____ E-Mail: _____

****Submit this form at registration****