

**EMERGENCY CONTACT SHEET**

**Team ID #** \_\_\_\_\_

This form must be completed and turned in at Team Check –In.

**CLUB** \_\_\_\_\_

Team Name: \_\_\_\_\_

Age Group: \_\_\_\_\_ Division: \_\_\_\_\_

**Coach:** \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ coach with the team

Email \_\_\_\_\_

**Team Manager:** \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

Email \_\_\_\_\_

**Where are you staying?**       Check here if Commuting

Hotel / Motel \_\_\_\_\_

Phone # \_\_\_\_\_

Dorm Building \_\_\_\_\_