

ON-SITE EVENT CONTACT FORM



Please complete this form in its entirety prior to arriving at Global Finals. You will be asked to submit this form at Registration so that adults traveling with your team can be more easily contacted should an issue arise with one of the young people in your group. This form will be kept on file with the Parental Consent, Photo and Medical Release Forms.

Affiliate (State/Province/Country): _____

Team Name: _____ Team Number: _____

Challenge: _____ Level: _____

Team Manager Name*: _____ Cell Phone #*: _____

*Team Manager information above MUST be someone traveling with the team.

Other Responsible Adults to be Housed with the Team:

Name: _____ Cell Phone #: _____

Relationship to Team: _____

Name: _____ Cell Phone #: _____

Relationship to Team: _____

Name: _____ Cell Phone #: _____

Relationship to Team: _____

Name: _____ Cell Phone #: _____

Relationship to Team: _____

Name: _____ Cell Phone #: _____

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