

EMERGENCY CONTACT SHEET TEAM ID # _____

This form must be completed and turned in at Team Check -In.
Please make sure that the Affinity System is up to date with all this information.

CLUB _____ Team Name: _____

Age Group: _____ Division: _____

Tournament Coach: _____ CELL PHONE: _____

Email: _____

Team Manager: _____ CELL PHONE: _____

Email: _____

Where are you staying? Check here if commuting _____

Hotel/Motel Name: _____

Dorm building # if on-campus _____

Phone # _____