



Emergency Contact List

In order that we can meet the needs of all registrants you must indicate the name, gender of all youth and/or chaperones.

Name of Group/Congregation: _____

Program Dates: _____

Chaperone Name	Gender	Chaperone Phone #	Emergency Contact Name and Phone #
1.)			
2.)			
3.)			

Youth Name	DOB	Gender	Emergency Contact Name & Phone #
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			
7.)			
8.)			
9.)			
10.)			

Please complete and return this registration form ASAP. Use multiple forms if you have more than 10 youth or 3 chaperones.