



STAFF EMERGENCY INFORMATION

Name: _____ Same as last year

D.O.B. _____ Position at Seacrest: _____

Home Address: _____ Zip: _____

Home Phone: _____ Cell: _____

Home e-mail (will not be published): _____

Summer Address: _____ Zip: _____

Emergency Contacts: Please list at least two contacts (other than spouse/significant other), even if it would be a long distance call. In fact, please include at least one out-of-town emergency contact.

Spouse/Significant Other: _____ Goes by: _____

Spouse/Significant Other Phones: Work: _____ Cell: _____

Other contacts:

Name	Relationship	Phone Number(s)
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