

School Emergency Contact Information

School Name: _____

Lead Advisor: _____

Total # Students: _____

Total # Adults: _____

Emergency Contact Name(s) and Cell Phone Number(s):

Name _____ *Cell* _____

Name _____ *Cell* _____

Name _____ *Cell* _____

Name and Phone Number of Hotel Where You Are Staying

Will your school be attending the dance Thursday evening?

Yes _____ No _____