EMERGENCY CONTACT INFORMATION

Employee's Name: _____

In the event of an emergency, I authorize a represented individual from San Diego Gulls Hockey Club to contact the individual(s) listed below:

_____
Full Name

_____
Relationship to Employee

_____
Street Address

_____   _____   _____
City   **State**   **Zipcode**

(_____)_____
Telephone Number

(_____)_____
Alternate Telephone Number

_____
Full Name

_____
Relationship to Employee

_____
Street Address

_____   _____   _____
City   **State**   **Zipcode**

 (_____)_____
Telephone Number

(_____)_____
Alternate Telephone Number

_____   _____
Employee Signature   **Date**