



WESTCHESTER SUMMER DAY
Staff Emergency Information Summer 2010

(please print clearly)

Name: _____

Home Address: _____

Cell Phone: _____

Secondary #: _____

E-mail: _____

If you drive to Westchester Summer Day, please identify your car:

Make: _____ Color: _____ Lic. Plate # _____ State: _____

Make: _____ Color: _____ Lic. Plate # _____ State: _____

Primary person to contact in case of emergency:

Name: _____

Relationship: _____

Cell number: _____

Home number: _____

Business number: _____

Secondary person to contact in case of emergency:

Name: _____

Relationship: _____

Cell number: _____

Home number: _____

Business number: _____

Complete immediately and return to the WSD Office ASAP