

STAFF UNDER THE AGE OF 18 CONTACT INFORMATION

NAME OF MINOR: _____

BIRTHDATE: _____ AGE: _____

MINOR'S HOME ADDRESS: _____

CITY, STATE, ZIP: _____

MINOR'S HOME PHONE: _____ CELL PHONE: _____

CONTACT INFO FOR CUSTODIAL ADULT RESPONSIBLE FOR MINOR STAFF MEMBER

NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS PHONE: _____ CELL PHONE: _____