

PARENT CONTACT INFORMATION

Student Name _____

CAST _____ CREW _____

Parent/Guardian Contact (MAIN) _____

Relationship to student _____

PHONE: Preferred: Home ____ Cell ____ Work ____

Home _____ Cell _____ Work _____

Email to use for updates, notes, newsletters, etc.....(OK to also list student email here but we prefer a parent email)

Email 1 _____

Email 2 _____

Parent/Guardian Contact (ALTERNATE) _____

Relationship to student _____

PHONE: Preferred: Home ____ Cell ____ Work ____

Home _____ Cell _____ Work _____

Do you wish for this contact to also receive communication updates regarding the play: yes no

Email 1 _____

Email 2 _____

Does student have any allergies or other important issues we need to be aware of? _____

Emergency Contact (other than parent/Guardian Name _____

Phone _____

***Please return this form along with other Student Tech Crew Contracts and paperwork to:
Gina DiBella P.O. Box 16773 Rochester, NY 14616 or to the Annie box in Mrs. Bechtold's room.***