

## **Contact Information**

		rnt name on your computer. ersion of Adobe Reader. is form.			
	When the form has been completed, save it. Then, send an email to Michael Smith, Project Coordinator: michael@graywhalescount.org, with the form attached. You will receive a confiming e-mail with more information about signing up for shifts.				
			Returning Counters enter number		
Formal Name	First Name	Middle	Last		
Chosen Name					
Ctudent 2			y, Scooter (?), Rosie, Becky, Bill)		
Student ?	⊖ Yes ⊖ No Uni	versity / School Name Class O Fresh	⊖ Soph ⊖ Jr ⊖ Sr ⊖ Grad		
	We will not share this info	mation.			
	Our primary form of comm	nunication is e-mail.			
		-	advise you about conditions at Counter ould be listed as your primary phone.	Point	
	You will not receive many	mailings, but it will be helpfu	l for us to have an address.		
E-mail					
Phone: Select One	○ Mobile ○ Home (	) Work			
Number					
iling Address Select One:	⊖ Local/Home ⊖ Wo	rk Other			
	If applicable, business name:			Stroot	
Address				Street	
	City		ST Zip		

	EMERGENCY INFORMATION
Name	Phone
	XXX-XXX-XXXX
Relationship	$\bigcirc$ Spouse $\bigcirc$ Partner $\bigcirc$ Parent $\bigcirc$ Child $\bigcirc$ Sibling $\bigcirc$ Friend $\bigcirc$ Other