



Board Member Contact Information

Name: _____

Position: _____

Email Address: _____

Personal Contact Information

Address: _____

City, State, Zip _____

Cell Phone: _____

Second Email Address (if applicable): _____

Emergency Contact Information

Name: _____

Cell Phone: _____

Alternate Phone (if applicable): _____

Email: _____

Relationship: _____

Name: _____

Cell Phone: _____

Alternate Phone (if applicable): _____

Email: _____

Relationship: _____

I have voluntarily provided the above contact information and authorize the DBBA and its representative to contact any of the above on my behalf in the event of an emergency.

Name (Printed): _____

Signature: _____

Date: _____