



**Central Alabama Community College Club or Organization
Emergency Contact Form**

Organization Sponsoring Activity _____

Sponsor _____ Extension _____

Activity Title _____ Date/Time of Activity _____

Brief Description of Activity _____

Location of Activity _____

STUDENT NAME	EMERGENCY CONTACT	RELATIONSHIP	PHONE	OTHER

Advisor's Signature

Date

Distribution Checklist

- Dean of Students
- Director of Safety and Security