

**Evergreen Composite Squadron**

**Early Activity Termination - Parent Contact Information**

In the event early termination of this activity is necessary due to weather on other conditions, it is essential that the activity staff be able to contact parents in a timely manner for early pickup of their cadet son or daughter.

Please provide the requested contact information below. If you ***will not be available*** for an early pickup during ***any*** part of the activity, please designate other family members or individuals that will be available and provide their contact information.

**CADET NAME:**

**PARENT NAME:**

**CONTACT PHONE NUMBERS FOR PARENTS:** (Please list in order of preference)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

If at any time during the activity, ***you will not be available*** for early pick up, please indicate those times below:

\_\_\_\_\_

**AUTHORIZED ALTERNATE PICK UP PERSON(S) AND CONTACT INFORMATION:**

**NAME(S)**

**CONTACT NUMBERS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date