



## GROUP DATA SHEET

OFFICE USE ONLY: DATE REC'D:
# OF CAPS ISSUED:
TRAINED:

**GROUP NAME:**

**DATE:**

**Group representative information:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Alternate group representative information:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please list the names and phone numbers of at least two members of your group that we can contact should we be unable to contact you or the alternate contact:

1.

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

2.

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Should your group work football, then as a requirement your group must work at least two other venues aside from football.