

<School Name>
Visitor Information Sheet

<Physical Address of facility or school>

Contact Information:

Primary contact: _____ Cell Number _____

Superintendent: _____ Cell Number _____

Principal: _____ Cell Number _____

Athletic Director: _____ Cell Number _____

Athletic Trainer: _____ Cell Number _____

Security present at event: Yes _____ No _____

Closest Hospital: _____
Facility name and address

Closest Urgent Care: _____
Facility name and address

Local restaurants: _____

Visitors seating location:

Visitor dressing room location:

Bus Parking:

Additional information: