



## Additional Family Member Information Form

Primary Member Name \_\_\_\_\_

Name: \_\_\_\_\_ Adult / Minor

Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

NSS# (if a member): \_\_\_\_\_ Grotto Affiliation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Adult / Minor

Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

NSS# (if a member): \_\_\_\_\_ Grotto Affiliation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Adult / Minor

Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

NSS# (if a member): \_\_\_\_\_ Grotto Affiliation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Adult / Minor

Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

NSS# (if a member): \_\_\_\_\_ Grotto Affiliation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_