



2024 Emergency Contact Information

BUSINESS NAME

NAME(S) OF PERSON(S) AT YOUR BOOTH

CELL PHONE/EMAIL

Who should be contacted in the case of a medical emergency involving each person at the market booth?

NAME OF CONTACT FOR _____

PHONE NUMBER 1

PHONE NUMBER 2

ANY OTHER INFORMATION THAT YOU WOULD LIKE TO BE AVAILABLE DURING MARKET

NAME OF CONTACT FOR _____

PHONE NUMBER 1

PHONE NUMBER 2

ANY OTHER INFORMATION THAT YOU WOULD LIKE TO BE AVAILABLE DURING MARKET