Peach State Summer Theatre
Individual Personal Information Sheet
For Use in an Emergency. This Information Remains Confidential.
Please Provide Complete Information.

FULL LEGAL NAME	PROFESSIONAL NAME (for playbill)
CURRENT ADDRESS (COMPLETE)	DATE OF BIRTH
Address:	
	EMERGENCY CONTACT
Email (used for wifi access on campus)	Name:
	Relationship:
Cell Phone:	Phone:
Other Phone	
PERMANENT ADDRESS (COMPLETE)	Name:
	Relationship:
	Phone:
SOCIAL SECURITY NUMBER (To be completed when on campus)	
	MEDICINES TAKEN REGULARLY
CAMPUS ID NUMBER (VSU Faculty/Staff/Students only)	
DIETARY RESTRICTIONS/PREFERENCES	ALLERGIES
Will attempt to accommodate everyone, though not guaranteed.	Food:
MEDICAL and/or HOSPITALIZATION INSURANCE	Medicines:
Company:	
Policy #:	
Phone #:	Other:
Company:	
Policy #:	HEALTH CONDITIONS WE SHOULD BE AWARE OF
Phone #:	
T SHIRT SIZE:	Put me on the Company List to use Crunch Fitness
	_____ YES _____ No Thanks