

MANDATORY ATTENDANT FORM

Community Services



Instructions: A Mandatory Attendant must fill in the following portion of this application.

PERSONAL INFORMATION:

(To be completed by the attendant)

Full Name: _____ Date of Birth: _____

Address: _____ Postal Code: _____

Telephone: _____

Relationship
to applicant: _____

EMERGENCY CONTACT:

(List two people we can contact in case of an emergency)

1. Name: _____ Phone: _____ Relationship to applicant: _____

2. Name: _____ Phone: _____ Relationship to applicant: _____

ADDITIONAL INFORMATION:

Please provide any additional information that may be relevant to this application:

SIGNATURE AND DATE:

(to be completed by the attendant)

I hereby declare that the information provided above is true:

Attendant

Signature: _____ Date: _____

The personal information requested on this form is collected under the authority of Section 4 (c) of the Alberta *Protection of Privacy Act* and will be protected under Part 1 of that *Act*. It will be used for the purpose of collecting information for participants in the community event. Please direct any questions about this collection to: ATI Coordinator at Parkland County 780-968-3229 or ATI@parklandcounty.com.

OFFICE USE ONLY

Date received: _____

Status: Approved Denied

FCSS Social Development Coordinator Signature: _____

Notes: _____