

[Title]



# NIFTY FIFTIES COVID-19 CONTACT INFORMATION FORM

(PLEASE PRINT)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

Email: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

dd/mm/yyyy

PLEASE RETURN COMPLETED FORM TO YOUR COORDINATOR