



Bourne Community Boating, Inc.  
PO Box 3157, Bourne, MA 02532

*Information Change Request*

Student's Name: \_\_\_\_\_

PARENTS/GUARDIANS:

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Village: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Please list names of people to be reached in an emergency (if not yourself), and/or that have permission to pick up your child

**EMERGENCY CONTACTS / STUDENT PICKUP**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Check appropriate boxes:  Emergency Contact.  Student Pickup.

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Check appropriate boxes:  Emergency Contact.  Student Pickup.

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Check appropriate boxes:  Emergency Contact.  Student Pickup.

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Check appropriate boxes:  Emergency Contact.  Student Pickup.

A license and signature may be required at pickup.

**I will help with:** Pot Luck Dinners \_\_\_\_\_ Sign In/Out \_\_\_\_\_

Photography \_\_\_\_\_ Other \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ date: \_\_\_\_\_