



GROUP EMERGENCY CONTACT INFORMATION

Please complete this form and return it to Valleyfair Group Sales by mail, fax (952) 445-1539, email youthsales@valleyfair.com or bring it with you on the day of your event to the Will Call Building upon your arrival. Thank you!

Group Information

Group Name: _____
Group ID (G#): G _____

Number of Guests: _____
Date of Visit: _____

Chaperone Information

Name of Group Leader: _____
Name of Chaperone 1: _____
Name of Chaperone 2: _____
Name of Chaperone 3: _____
Name of Chaperone 4: _____

Cell Phone: _____
Cell Phone: _____
Cell Phone: _____
Cell Phone: _____
Cell Phone: _____

Our Group Leader will be located at (Valleyfair Meeting Location): _____

Transportation Information

Bus Company Name: _____
Bus Driver Name: _____

Cell Phone: _____
Departure Time: _____

Does any person in your group have any medical issues that Valleyfair should be aware of in case of an emergency? (circle one)

YES (Continue to page 2)

NO



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Name: _____
Medical Issue: _____
Medication: _____

Name: _____
Medical Issue: _____
Medication: _____

Name: _____
Medical Issue: _____
Medication: _____

Name: _____
Medical Issue: _____
Medication: _____

Name: _____
Medical Issue: _____
Medication: _____

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Additional Comments: