

**NCAA CHAMPIONSHIPS SAFETY AND SECURITY  
CONTACT FORM**

APPENDIX A

**CHAMPIONSHIP(S):** \_\_\_\_\_ **DIVISION:** \_\_\_\_\_

**HOST INSTITUTION/  
CONFERENCE:** \_\_\_\_\_

**FACILITY NAME:** \_\_\_\_\_

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

\_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**SAFETY AND SECURITY TEAM**

Name	Position	Cell	Home
	NCAA Championship Rqkp'qh'Egpwcev		
	NCAA Championship Vgco 'O go dgt *u+ "		
	NCAA Site Representative		
	Tournament Director		
	NCAA Media Coordinator (if applicable)		
	Sports Information Director (SID)		
	Athletic Trainer		
	Tournament Physician		
	Facility Manager		

**LOCAL EMERGENCY NUMBERS**

Local Police Department	
Local Fire Department	
Local EMS	
State Police	
State Health Official (also insert name, cell phone number and e-mail address)	<u>Name</u> <u>Cell</u> <u>E-mail</u>
County Health Official (also insert name, cell phone number and e-mail address)	<u>Name</u> <u>Cell</u> <u>E-mail</u>
Poison Control Center	800/222-1222

**LOCAL HOSPITALS**

NAME	ADDRESS	PHONE NUMBER

\*\* Please send a completed copy of this document to the NCAA Tournament Operations contact. In addition, please save a copy for your files. \*\*