

**EMERGENCY CONTACT INFORMATION
FOR PARTNERS OF DEBUTANTES**

Partner Name:

Debutantes Name:

Partners

Parent/Guardian's Name:

Relationship to Above:**Best Contact No.**.....

Best Email Address:

(to send important information to both parents, debs and partners)

Re-confirm Email Address:.....

**Are there any medical conditions of which the Debutante Ball Committee
should be aware:**

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