

Stellwagen Bank National Marine Sanctuary  
**Emergency Contact Information**

*All information requested in this form will remain private and confidential. U.S. citizens submit this documentation electronically via email to the Sanctuary's Operations Coordinator (Dave.Slocum@noaa.gov), or by letter (175 Edward Foster Rd., Scituate, MA 02066), or by fax (781-545-8036), at least 1 week prior to the proposed mission date. Non- U.S. citizens must submit this documentation thirty days prior to mission date for further approval.*

**I. Project Information**

Project Name: \_\_\_\_\_

Principle Investigator (P.I.): \_\_\_\_\_

Project Date(s): \_\_\_\_\_

**II. Participant Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Citizenship: U.S.(yes/no) \_\_\_\_\_ Other \_\_\_\_\_ Email: \_\_\_\_\_

Participant Designation(e.g Scientist, Technician, Student, etc.): \_\_\_\_\_

Participant Affiliation: \_\_\_\_\_

Participant's Specific Role in this Mission: \_\_\_\_\_

**III. Emergency Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**IV. Signature and Date**

*I understand that in an emergency my contact person will be called by the Stellwagen Bank National Marine Sanctuary. It is the participant's responsibility to ensure that the contact person has agreed to serve in this role as emergency contact.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**