

**The Rising Stars**  
**Member Contact Information Sheet**  
**October 2021 – June 2022**

\*\*\*\*\*PLEASE PRINT ALL INFORMATION

**Member Contact Information:**

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

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

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you fully vaccinated for COVID 19?      Yes \_\_\_\_\_      No \_\_\_\_\_

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**Primary Contact Information: Home Care Provider, Family Member or Support Staff**

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

Relationship to Rising Stars Member: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is your primary support person vaccinated for COVID 19?      Yes \_\_\_\_\_      No \_\_\_\_\_

**Secondary Contact Information: Home Care Provider, Family Member or Support Staff**

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

Relationship to Rising Stars Member: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\*\* The questions above related to vaccination are optional but will be a determining factor of whether and when Rising Stars returns to in-person activities.