



Licensee Information Sheet

INSTRUCTIONS: *Please complete the requested information as fully as possible. Thank you.*

UNIT ADDRESS: _____

Licensee #1

Licensee #2 (if applicable)

Name:

BU I.D. Number

**Names and Ages
of Children**

Phone Number:

E-Mail Address:

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name:

Address:

Phone:

Relationship:

Affiliation: Faculty: ___ Staff: ___ Student: ___ Department/School: _____ Other: ___