

City Sound Contact Information Form

By order of the Minneapolis Fire Marshall, we have been asked to provide an updated list of our building tenants and corresponding contact information. It is important that we know who is in the building or how we can best contact you in the event of an emergency. Please complete this form as accurately as possible and leave it in your room.

Room _____

√ **Location**

<input type="checkbox"/>	DT Minneapolis (Glenwood)
<input type="checkbox"/>	NE Minneapolis
<input type="checkbox"/>	St. Paul

Band Name _____

Website or myspace _____

Band 1

Member Name	Phone no.	Email Address

Band 2 (if sharing)

Member Name	Phone no.	Email Address