

**NCAA CHAMPIONSHIPS CRITICAL INCIDENT RESPONSE TEAM
CONTACT INFORMATION**
(hit tab to move from line to line)

CHAMPIONSHIP(S): _____ **DIVISION:** _____

**HOST INSTITUTION/
CONFERENCE:** _____

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CRITICAL INCIDENT RESPONSE TEAM

Name	Position	Cell	Home
	NCAA Championship Manager		
	NCAA Secondary Championship Manager (if applicable)		
	NCAA Site Representative		
	Tournament Director		
	NCAA Media Coordinator (if applicable)		
	Sports Information Director (SID)		
	Athletic Trainer		
	Tournament Physician		
	Facility Manager		

LOCAL EMERGENCY NUMBERS

Local Police Department	
Local Fire Department	
Local EMS	
State Police	
State Health Official (also insert name, cell phone number and e-mail address)	<u>Name</u> <u>Cell</u> <u>E-mail</u>
County Health Official (also insert name, cell phone number and e-mail address)	<u>Name</u> <u>Cell</u> <u>E-mail</u>
Poison Control Center	800/222-1222

LOCAL HOSPITALS

NAME	ADDRESS	PHONE NUMBER
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