



Contact Entry Form

(All Contacts are added to the Master Contact List)

Segment Assignment(s) Review to: Larry Lauvetz ____ Bob Martin ____ Kristen Abernathy ____ Laura Adler ____
Distribution After Assignment(s): Bob Martin, Laura Adler, Kristen Abernathy, Kevin Simbeck and Chuck Royer

BMS Representative: _____ Date of Submission: _____

Contact's First Name: _____ Last Name: _____

Gender of Primary Contact's Sport(s) Participants: *(Check Choice(s) – Can Check More Than One)*

Male Female Both Nonconforming permitted

City _____ State ____ Sport(s) _____

Contact's Email Address: _____ Phone #: _____

Contact's Organization: _____ Title: _____

Associated Other Contacts (Name, Title, Email Address and Organization): _____

Contact's Category: *(Use "Checkmark" the categories that apply)*

<input type="checkbox"/>	Volunteer	<input type="checkbox"/>	Event Organizer	<input type="checkbox"/>	Affiliate	<input type="checkbox"/>	Promo Sponsor	<input type="checkbox"/>	Exec Board
<input type="checkbox"/>	Advisory Board	<input type="checkbox"/>	BMS	<input type="checkbox"/>	League	<input type="checkbox"/>	Familia Related	<input type="checkbox"/>	Content Contributor
<input type="checkbox"/>	Team	<input type="checkbox"/>	For-Profit	<input type="checkbox"/>	Non-Proft	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Donors
<input type="checkbox"/>	Grants	<input type="checkbox"/>	Vendor	<input type="checkbox"/>	Sport Organization	<input type="checkbox"/>	Official	<input type="checkbox"/>	Educational Institution
<input type="checkbox"/>	Athlete	<input type="checkbox"/>	Non-categorized	<input type="checkbox"/>	Sport Organization Noncatgorized	<input type="checkbox"/>	Official Noncategorized	<input type="checkbox"/>	Educational Institution Noncategorized

Other: _____

Current Segments Distribution Lists: *(Contact can have multiple tags within their contact record)*

<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Press Release	<input type="checkbox"/>	Bulletin	<input type="checkbox"/>	Minutes	<input type="checkbox"/>	Affiliates	<input type="checkbox"/>	Donors	<input type="checkbox"/>	Sanctioning Bodies
<input type="checkbox"/>	Officials	<input type="checkbox"/>	Mass List	<input type="checkbox"/>	Bulletin Mass List	<input type="checkbox"/>	Minutes Mass List	<input type="checkbox"/>	Affiliates Mass List	<input type="checkbox"/>	Donors Mass List	<input type="checkbox"/>	Sanctioning Bodies Mass List
<input type="checkbox"/>	Baseball	<input type="checkbox"/>	Softball	<input type="checkbox"/>	Football	<input type="checkbox"/>	Hockey	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Assignment(s) Approved By: _____ Date: _____