



Name: _____

Store #: _____

Happy Feet Employee No.: _____

Date: _____

CONTACT INFORMATION FORM

This information will only be used by authorized Happy Feet Plus employees

Home Phone: _____

Cell Phone: _____

Who to contact in case of emergency:

Name: _____

Phone: _____

Alternate:

Name: _____

Phone: _____

Please return to Corporate Office with your payroll forms.