Exhibit A - Contract Instructor Representative and/or Employee Form

Instructor/Company Name: _____

Please remember that all representatives or employees for the City of Newport Beach must be fingerprinted and cleared before they can begin teaching. Please add the names of your representatives and/ or employees below:

First & Last Name	Address City, State Zip	Phone Number (work, home, cell)	Emergency Contact Name & Phone Number

Instructor Signature: _____ Date: _____