

DISTRICT CONTACT LIST

Please complete this Contact List so that we can better serve your district.

Type your information below.

District Name:

District Address:

Phone:

Fax:

☐ Adding New Employee

☐ Adding Additional Employee

☐ Replacing Employee

☐ Are you a new WinCap User

New Employee Contact Information:

Choose an item.

Print First Name

Print Last Name

Select Position Title

Phone:

E-mail:

Is this a replacement? ☐ Yes ☐ No

Person Replaced:

Print First Name

Print Last Name

Select Position Title

Phone:

E-mail:

Is this a replacement? ☐ Yes ☐ No

Person Replaced:

Print First Name

Print Last Name

Select Position Title

Phone:

E-mail:

Is this a replacement? ☐ Yes ☐ No

Person Replaced:

Email Form to tswincapsupport@e1b.org

Submit Additional Forms if Needed