

USS RENVILLE APA 227 REUNION 2010
COLORADO SPRINGS, CO.

VOLUNTARY "GUEST" EMERGENCY CONTACT INFORMATION

***This form is NOT required for the reunion. You CAN limit how much you want on this form.*

GUEST Name: _____

Address: _____

Home Phone: _____ Cell: _____

Date of Birth: _____ Blood Type: _____

Contact Person: _____ Relationship: _____

Is this contact person at the reunion with you? _____

Contact person who is not with you at this reunion: _____

Contact Home Phone: _____ Cell/Work: _____

Contact Address: _____

Insurance Co: _____ Policy No. _____

Dr. Name: _____ Phone: _____

Medicine Allergies: _____

Food Allergies: _____

Other information you want to share in case of emergency: _____

Shipmate Name: _____ Relationship: _____

We understand your privacy, so we ask you to put this form in a sealed envelope and send it with your reunion information. It will only be opened in case of emergency where you do not have a guest contact person with you. This envelope will be returned to you unopened on Sunday morning prior to your departure. Thank you.

***Reunion Dates to be used if necessary: Aug 25-29, 2010.*

*Please sign to authorize we can use this information only if necessary.

Print Name: _____

Signature: _____

Date: _____