

USS RENVILLE APA 227 REUNION 2010  
COLORADO SPRINGS, CO.

**VOLUNTARY EMERGENCY CONTACT INFORMATION**

*\*\*This form is NOT required for the reunion. You CAN limit how much you want to put in this form.*

SHIPMATE Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Blood Type: (f known) \_\_\_\_\_

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: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Guest Address (if different) \_\_\_\_\_

Guest Cell No: \_\_\_\_\_ Other: \_\_\_\_\_

**\*\*\*Please have your guest complete other side of this form for \*GUEST\*. If you do not have a guest with you please write on other side "NO GUEST".**

*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 \_\_\_\_\_