

In Case of Emergency

Kindly complete the following request for information when applying for the first time or when returning to participate again on an International Teachers Institute. A copy will be kept in the office and one carried on the journey by the leadership. Please PRINT.

Name of Participant: _____

In case of emergency, contact one or both of the following people:

A.

1. Name: _____ Relationship: _____

2. Home Telephone: (_____) _____

Work Telephone: (_____) _____

Mobile Phone: (_____) _____

3. Email Address: _____

4. Physical Address: _____

City: _____ Prov./State _____

Postal/Zip Code: _____

B.

1. Name: _____ Relationship: _____

2. Home Telephone: (_____) _____

Work Telephone: (_____) _____

Mobile Phone: (_____) _____

3. Email Address: _____

4. Physical Address: _____

City: _____ Prov./State _____

Postal/Zip Code: _____