

## **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: \_\_\_\_\_