

Emergency Contact Update Form 2016

Along with the camp forms you will also need to submit a copy of the front and back of your medical insurance card. Please fax it to: 541-683-6175/attn: Pame Chow or scan and email it to pamec@holtinternational.org

Emergency Contact 1

Name _____

Relationship ----- Address-----

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Telephone ----- Email _____

Emergency Contact 2

Name _____

Relationship ----- Address _____

Telephone----- Email _____

Emergency Contact 3

Name _____

Relationship ----- Address _____

Telephone _____

Email _____