

EMERGENCY CONTACT FORM

For USPC Members above the age of majority

USPC Member: _____ Current Age: _____ State of Residence: _____

Competition Name: _____ Competition Date: _____

Emergency Contact 1 Name: _____

Emergency Contact 1 Relationship to Competitor: _____

Emergency Contact 1 Home Phone Number: _____

Emergency Contact 1 Cell Phone Number: _____

An additional Emergency Contact can be included but is not required.

Emergency Contact 2 Name: _____

Emergency Contact 2 Relationship to Competitor: _____

Emergency Contact 2 Home Phone Number: _____

Emergency Contact 2 Cell Phone Number: _____