

2024 NFO CONFERENCE

EMERGENCY CONTACT FORM

Name _____

I'm registered with (Circle one): **National Folk Organization** **Hora Eclipse/Kochavim**

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Here at camp? **Yes** **No**

Emergency Info: What do the EMT's need to know?

Known health issues _____

Known allergens _____

Signature _____ **Date** _____