CHAMBERSBURG QUILT GUILD RETREAT

For your convenience, this form is for you to fill out and keep with you. ALSO PLACE A COPY UNDER YOUR SEWING MACHINE WHILE AT THE RETREAT in case of a medical emergency.

We will not collect this form other than in a medical emergency.

NAME:			
NAME: Date of Birth://	<u> </u>		
Home Address:			
City:	State:	Zip:	
Phone Number:			
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Emergency Contact Person:			
Name:			
Name: Phone # or other contact info:	•••		
Relationship:			
Current Medical Conditions :		and the second	
ALERTS :			
Deeter's News			
Doctor's Name:			
Doctor's Phone #	·····	- -	
ALLERGIES :			
Blood Type:			
Medication:	Instructio	ons:	
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