

## **2024 Information and Emergency Contact Form**

Lot Number / Associate Member #

| <b>Property Owner Name</b>  |                  |        |         |         |              |                  |            |        |                |     |
|---|------------------|--------|---------|---------|--------------|------------------|------------|--------|----------------|-----|
| Renter Name (if applicable)   | )                |        |         |         |              |                  |            |        |                |     |
| Address   |                  |        |         |         |              |                  |            |        |                |     |
| City, State, Zip  |                  |        |         |         |              |                  |            |        |                |     |
| Phone Numbers (Home, Cell, Work)  |                  |        |         |         |              |                  |            |        |                |     |
|   |                  |        |         |         | L            |                  | ı          |        |                |     |
| Name(s), Family St  | atus - Ch        | eck Or | ie (Mei | mber,   | Child Living | in your hon      | ne, or Gra | nd Chi | ild) and       | l   |
| Age (of children living in your home and grandchildren) are required                            |                  |        |         |         |              |                  |            |        |                |     |
| Name  | Mbr Child        |        |         | Age     |              | Name             | Mbr        | Child  | Grand<br>Child | Age |
|   |                  |        | Child   |         |              |                  |            |        | Cilia          |     |
|   |                  |        |         |         |              |                  |            |        |                |     |
|   |                  |        |         |         |              |                  |            |        |                |     |
|   |                  |        |         |         |              |                  |            |        |                |     |
|   |                  |        |         |         |              |                  |            |        |                |     |
|   |                  |        |         |         |              |                  |            |        |                |     |
|   |                  |        |         |         |              |                  |            |        |                |     |
| Emanganay Cantast Information   |                  |        |         |         |              |                  |            |        |                |     |
| Emergency Contact Information (At least 2 contacts with at least one phone number are required) |                  |        |         |         |              |                  |            |        |                |     |
| Name  | icast 2 co       | miacis | with a  | i icasi | one phone n  | uniber are i     | equil eu)  |        |                |     |
| Relationship  |                  |        |         |         |              |                  |            |        |                |     |
| Phone Number  | Phone Number     |        |         |         |              | Phone Number     |            |        |                |     |
| 1 10110 1 (41112001   | 2 Mone I (Minor) |        |         |         |              | I none i (uniber |            |        |                |     |
|   |                  |        |         |         |              |                  |            |        |                |     |
| Name  |                  |        |         |         |              |                  |            |        |                |     |
| Relationship  |                  |        |         |         |              |                  |            |        |                |     |
| Phone Number  | Phone Number     |        |         |         |              | Phone Number     |            |        |                |     |
|   |                  |        |         |         |              |                  |            |        |                |     |
|   |                  |        |         |         |              |                  |            |        |                |     |
| Name  |                  |        |         |         |              |                  |            |        |                |     |
| Relationship  |                  |        |         |         |              |                  |            |        |                |     |
| Phone Number  | Phone Number     |        |         |         |              |                  | Phone Nui  | mber   |                |     |
|   |                  |        |         |         |              |                  |            |        |                |     |
|   |                  |        |         |         |              |                  |            |        |                |     |
| Signature of Property O   | wner or l        | Renter |         |         |              |                  |            |        |                |     |
| Print Name  |                  |        |         |         |              |                  |            |        |                |     |
|   |                  |        |         |         |              |                  |            |        |                |     |
| Date  |                  |        |         |         |              |                  |            |        |                |     |
|   |                  |        |         |         |              |                  |            |        |                |     |
|   |                  |        |         |         |              |                  |            |        |                |     |