



Center for Holy Lands Studies

Contact & Emergency Information

Part One:

CONTACT INFORMATION

*Please print legibly

Name _____
Last First Middle Initial

Current Physical Address (No P.O. Boxes) _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Date of Birth ____/____/____ Social Security _____

If you are 65 or older, do you receive Medicare? Yes No

Part Two:

EMERGENCY CONTACT INFORMATION

*Please print legibly

Name _____
Last First

Relationship to Team Member _____

Cell _____ Home _____