

Emergency Contact Information

Please be sure to sign and date this form

Please provide below the names, telephone numbers and other contact information of two individuals you authorize Community National Bank/Community Circle to contact in the event you experience a medical or other emergency while participating in a Community Circle sponsored trip or other activity.

Primary Emergency Contact Name: _____

Relationship: _____

Phone:

Home: _____ **Cell:** _____ **Work:** _____

Address: _____

Street Address

City

State

Zip Code

Email: _____

Secondary Emergency Contact Name: _____

Relationship: _____

Phone:

Home: _____ **Cell:** _____ **Work:** _____

Address: _____

Street Address

City

State

Zip Code

Email: _____

PLEASE REMEMBER TO KEEP THIS CONTACT INFORMATION UP-TO-DATE

Signature

Date

Print Name

*Return completed form to the Community Circle Director in person or by mailing to:
Community National Bank, 4811 US Route 5, Newport, VT 05855, Attn: Community Circle
Director.*