



EMERGENCY CONTACT FORM

Bosnia: Crossroads of History and Culture

October 3-12, 2018

University of Arizona Center for Middle Studies – Community Travel Program

Participant name:

Participant address:

City, State, Zip:

Cell Phone Number (that you will have on the trip):

In Case of an Emergency

Primary Contact:

Relationship:

Address:

City, State, Zip:

Phone(s) with area code(s):

Email:

Secondary Contact:

Relationship:

Address:

City, State, Zip:

Phone(s) with area code(s):

Email:

Medicines that you take regularly:

Known health conditions:

Additional information that may be helpful in the event of an emergency: _____

Travel / medical insurance carrier: _____

Insurance policy(ies) number: _____

I understand that this travel program is not official UA travel. I take full responsibility and assume all risk.

Signature Date