U.S. Department of Homeland Security

United States Coast Guard

Emergency Contact Information

Cadet's Name: _____

PRIMARY CONTACT:

Name: _____ Relationship: _____

Home Address: _____
           Street

_____
           City   State   Zip Code

Home Phone Number: _____ Work Phone Number: _____

Other Phone Number: _____ E-Mail Address: _____

SECONDARY CONTACT:

Name: _____ Relationship: _____

Home Address: _____
           Street

_____
           City   State   Zip Code

Home Phone Number: _____ Work Phone Number: _____

Other Phone Number: _____ E-Mail Address: _____

_____
Cadet's Signature

Copy: Company Officer