



ICE Card In Case of Emergency



Please fill out and keep in your quiver. Use in case of emergency.

Kirby Muxloe Archery Club

| | | |
|---|--------------------------------|--------|
| Cardholder Name: | | |
| Telephone Number | House Number / Postcode | |
| | | |
| Primary Contact | Second Contact | |
| | | |
| Relationship | Relationship | |
| | | |
| Telephone Numbers | Telephone Numbers | |
| Mobile | | Mobile |
| Home | | Home |
| Work | | Work |
| Doctor | Contact Tel | |
| | | |
| Other Information (eg, Allergies, Existing Medical Conditions) | | |
| | | |