



# SENEGAL MISSION TRIP

## Emergency Information

Participants Name: \_\_\_\_\_

In the unlikely event of an emergency please provide us with a personal contact.

### **Primary Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening hone: \_\_\_\_\_

Email  
address: \_\_\_\_\_

### **Secondary Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email  
address: \_\_\_\_\_