

# Culver City Sister City Committee

## Cultural Exchange Emergency Contact Information

Adult Traveler's name \_\_\_\_\_

**OR**

Student Traveler's name \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

Age at time of the Exchange \_\_\_\_ Birthdate \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Complete home address of the traveler \_\_\_\_\_

### **FOR ADULT TRAVELERS**

Spouse/Significant Other's name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **FOR STUDENT TRAVELERS**

Father's/Guardian's name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's/Guardian's name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of an emergency please list two relatives/friends that we may contact and will be able to contact you during this exchange.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone & Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone & Email address \_\_\_\_\_