



# Ready

# Family Communications Plan

Prepare. Plan. Stay Informed.

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

Out-of-Town Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Fill out the following information for each family member and keep it up to date.

Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____

Where to go in an emergency. Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans.

### Home

Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Neighborhood Meeting Place: \_\_\_\_\_  
 Regional Meeting Place: \_\_\_\_\_

### Work

Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

### School

Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

### Work

Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

### School

Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

### Other place you frequent:

Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

### School

Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

### Other place you frequent:

Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

Important Information	Name	Telephone #	Policy #
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Other useful phone numbers: 9-1-1 for emergencies.

Police Non-Emergency Phone #: \_\_\_\_\_



# Ready

Prepare. Plan. Stay Informed.

# Family Communications Plan

Every family member should carry a copy of this important information:

Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Out-of-Town Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_  
 Meeting Place Telephone: \_\_\_\_\_

**Dial 911 for Emergencies!**

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Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Out-of-Town Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_  
 Meeting Place Telephone: \_\_\_\_\_

**Dial 911 for Emergencies!**

Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Out-of-Town Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_  
 Meeting Place Telephone: \_\_\_\_\_

**Dial 911 for Emergencies!**

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Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Out-of-Town Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_  
 Meeting Place Telephone: \_\_\_\_\_

**Dial 911 for Emergencies!**



# Family Emergency Plan



Prepare. Plan. Stay Informed.



Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Neighborhood Meeting Place: \_\_\_\_\_

Phone: \_\_\_\_\_

Out-of-Neighborhood Meeting Place: \_\_\_\_\_

Phone: \_\_\_\_\_

Out-of-Town Meeting Place: \_\_\_\_\_

Phone: \_\_\_\_\_

Fill out the following information for each family member and keep it up to date.

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

### Work Location One

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### School Location One

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### Work Location Two

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### School Location Two

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### Work Location Three

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### School Location Three

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### Other place you frequent

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### Other place you frequent

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

Important Information	Name	Telephone Number	Policy Number
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Dial 911 for Emergencies

Adult



# Family Emergency Plan



Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_

Special Needs, Medical Conditions, Allergies, Important Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ready ✓

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Business Name: \_\_\_\_\_ **Work**  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_

Work Emergency Plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ **Children**  
 Identifying Characteristics: \_\_\_\_\_  
 School/Daycare: \_\_\_\_\_ Address: \_\_\_\_\_  
 School Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Identifying Characteristics: \_\_\_\_\_  
 School/Daycare: \_\_\_\_\_ Address: \_\_\_\_\_  
 School Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Identifying Characteristics: \_\_\_\_\_  
 School/Daycare: \_\_\_\_\_ Address: \_\_\_\_\_  
 School Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ **Neighborhood Emergency Meeting Place**  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

Name: \_\_\_\_\_ **Out of Neighborhood Emergency Meeting Place**  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

Name: \_\_\_\_\_ **Out of Town Emergency Meeting Place**  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

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**Important Numbers or Information**  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
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 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Type: \_\_\_\_\_ Age: \_\_\_\_\_ **Pets**  
 Name: \_\_\_\_\_ Type: \_\_\_\_\_ Age: \_\_\_\_\_  
 Veterinarian Phone: \_\_\_\_\_

DIAL 911 FOR EMERGENCIES

Place additional information on the reverse side as needed.

Ready ✓

Child



# Family Emergency Plan



**Personal ID**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_

Special Needs, Medical Conditions, Allergies, Important Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ready ✓

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## School / Daycare

School Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_

School Emergency Plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Parent / Guardian / Care Giver

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_

Identifying Characteristics:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_

Identifying Characteristics:

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## Neighborhood Emergency Meeting Place

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

## Out of Neighborhood Emergency Meeting Place

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

## Out of Town Emergency Meeting Place

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

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## Important Numbers or Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
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 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Type: \_\_\_\_\_ Age: \_\_\_\_\_ **Pets**  
 Name: \_\_\_\_\_ Type: \_\_\_\_\_ Age: \_\_\_\_\_  
 Veterinarian Phone: \_\_\_\_\_

DIAL 911 FOR EMERGENCIES

Place additional information on the reverse side as needed.

Ready ✓



Prepare. Plan. Stay Informed.

# Family Emergency Plan



## ADDITIONAL FAMILY MEMBERS INFORMATION

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

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Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

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Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_



## Why Do I Need to Pack a 72-Hour Kit ?

# 72-Hour Kit

During and after a disaster, first responders need to respond to the emergency itself and first help those in most critical need. If you are ready, you can play a part in effective response and recovery, and assist first responders, neighbors or family members. Prepare emergency supplies for the following situations:

- A disaster supply kit with essential food, water, and supplies for at least three days—this “READY” kit should be easy to carry and kept in a designated place in case you have to leave your home quickly because of a disaster, such as a flash flood or fire. Make sure all household members know where the kit is kept.
- You may be asked to “shelter in place.” Consider having additional supplies for sheltering or home confinement for extended periods of time.
- You should also have a disaster supply kit at work. It should be in one container and easy to carry in case you have to evacuate the building quickly.
- A car kit of emergency supplies, including food and water, to keep in your car at all times. This kit should also include flares, jumper cables, and seasonal supplies.



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303.722.7474  
1.800.417.0495  
denver-redcross.org  
Mile High Chapter

readycolorado.com  
201 W. Colfax Avenue, Dept. 908  
Denver, Colorado 80202  
Make a Plan. Make a Difference.



Governor's Office of Homeland Security  
9195 East Mineral Avenue, Suite 200  
Centennial, CO 80112  
720.852.6634  
colorado.gov/homelandsecurity



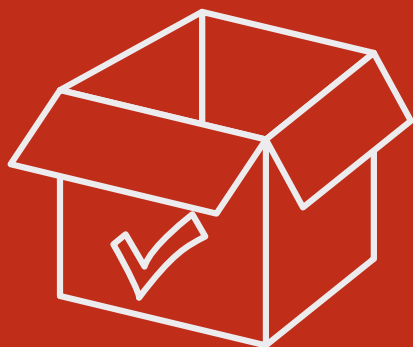
Governor's Office of Homeland Security  
9195 East Mineral Avenue, Suite 200  
Centennial, CO 80112  
720.852.6634  
citizencorps.gov



Colorado Information  
Analysis Center  
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Centennial, CO 80112  
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A public awareness campaign supported by public and private partners concerned with homeland security and all-hazards preparedness.

# PACK A KIT CHECKLIST



Make a Plan. Make a Difference.

In the event of a disaster, you may need to survive on your own for three days or more. This means having your own water, food and emergency supplies on hand and is an important part of your disaster plan.

# READY PACK A KIT CHECKLIST

Assemble *READY* kits to keep at home, in each vehicle and at work.

Store your disaster supplies in a sturdy, but easy-to-carry container. A large covered plastic bin or trash container, overnight backpack or duffel bag will work. Keep a smaller version of the kit in your vehicle. If you become stranded or are not able to return home, having some items with you will help you be more comfortable until help arrives.

- Water** (one gallon per person per day)
- Food**  
Pack non-perishable, high-protein items, including energy bars, ready-to-eat soup, peanut butter, etc. Select foods that require no refrigeration, preparation or cooking and little or no water.
- Flashlight** (include extra batteries)
- First Aid Kit** (see checklist below)
- Medications** (see checklist below)  
Prescription and non-prescription items
- Battery-operated radio** (include extra batteries)
- Tools**  
A wrench to turn off gas if necessary, a manual can opener, screwdriver, hammer, pliers, knife, tarp and garbage bags with ties. Contact professionals to turn gas back on.
- Clothing**  
A change of clothes for everyone, including sturdy shoes and gloves.
- Personal items**  
Remember eyeglasses or contact lenses and solution; copies of important papers, including identification cards, insurance policies, birth certificates, passports, etc.; and comfort items such as toys and books.

- Sanitary supplies**  
Toilet paper, feminine supplies, personal hygiene items, bleach, etc.
- Money**  
Have cash. (ATMs and credit cards won't work if the power is out.)
- Contact information**  
Carry a current list of family phone numbers and e-mail addresses, including someone out of the area who may be easier to reach if local phone lines are out of service or overloaded.
- Pet supplies**  
Include food, water, leash, litter box, tags, any medications and vaccination information.
- Map**  
Mark an evacuation route on it from your local area.
- Special items**  
Include any necessary items for infants, seniors and people with disabilities in your kit. Having some items with you will help you be more comfortable until help arrives.
- Meeting place** (see communications cards below)  
Pick a place for family members to meet in case you are separated during a disaster.

## FIRST AID SUPPLIES CHECKLIST

- First aid manual
- Sterile adhesive bandages in assorted sizes
- Assorted sizes of safety pins
- Cleansing agents (isopropyl alcohol, hydrogen peroxide)/soap/germicide
- Antibiotic ointment
- Latex gloves (2 pairs)
- 2-inch and 4-inch sterile gauze pads (4-6 each size)
- Triangular bandages (3)
- 2-inch and 3-inch sterile roller bandages (3 rolls each)
- Cotton balls
- Scissors
- Tweezers
- Needle
- Moistened towelettes
- Antiseptic
- Thermometer
- Tongue depressor blades (2)
- Tube of petroleum jelly or other lubricant
- Sunscreen



## MEDICATIONS CHECKLIST

### Prescription Medications (list)

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### Eye Wear

- Extra pair of prescription glasses or contact lens.

### Over the Counter Medications

- Aspirin and nonaspirin pain reliever
- Antidiarrhea medication
- Antacid (for stomach upset)
- Syrup of ipecac (use to induce vomiting if advised by the poison control center)
- Laxative
- Vitamins



## COMMUNICATIONS PLAN

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

Telephone: \_\_\_\_\_

Out-of Town Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_

Meeting Place Telephone: \_\_\_\_\_

## COMMUNICATIONS PLAN

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

Telephone: \_\_\_\_\_

Out-of Town Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_

Meeting Place Telephone: \_\_\_\_\_

## COMMUNICATIONS PLAN

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

Telephone: \_\_\_\_\_

Out-of Town Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_

Meeting Place Telephone: \_\_\_\_\_