

**BHC OWNER'S / LESSEE'S
EMERGENCY CONTACT FORM**

Name(s): _____ Date _____

Apartment Number _____ Naples Telephone # _____

Out-of-Town Address _____ City, State _____

Zip _____ Out-of-Town telephone # _____ Cell # _____

E-mail Address _____

In the event of an accident, illness or other emergency involving a resident of BHC, it may become necessary to contact a relative or another designated person.

Owners, lessees and guests are required to furnish the following information at the time of the Membership Committee Interview.

PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY. Please list in order of preferred contact.

Name _____

Address _____

Telephone # _____ Relationship _____

Name _____

Address _____

Telephone # _____ Relationship _____

Primary Physician:

_____ Telephone # _____

Relevant Medical Information:

