

## NATIONAL MATCHES POST LOCATOR CARD

Please provide the information and emergency contact information requested on this form. This information will be used to locate you or your emergency contact in case of an emergency.

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

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

\_\_\_\_\_

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

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

Please check the appropriate boxes:

- CMP Competitor
- NRA Competitor
- Match Official
- NRA Volunteer
- Team Coach/Captain

Location where you are staying during the National Matches?

\_\_\_\_\_

Phone No. during the Matches (if available) \_\_\_\_\_

Person to be contacted in an emergency \_\_\_\_\_

Emergency contact phone number \_\_\_\_\_

Vehicle License No. \_\_\_\_\_

NM Arrival Date \_\_\_\_\_ NM Departure Date \_\_\_\_\_

Other person in your party \_\_\_\_\_

\_\_\_\_\_