

EMERGENCY CONTACT

RIDER NAME: _____

RIDER #: _____

EMERGENCY INFORMATION - PACIFIC CREST RIDE 202

Emergency Contact Info: Should not be someone riding with you: _____

Any Medical Issues? If so, what? _____

Any Pets in your rig? _____ Names: _____

Do pets have any special needs? Yes / No Medications? _____

Does your horse have special needs? _____

Where are the medications for pets or horse? _____

Description of rig and license #: _____

If you lock your rig, where are the keys so we can feed or care for pets and horse _____

Other pertinent things we need to know? _____

This sheet is destroyed after the ride. _____