

## ILS NOTIFICATION FORM

**MEMBER NAME:** \_\_\_\_\_

THE ILS WANTS **THREE INDIVIDUALS** NAMES, RELATION TO MEMBER, PHONE NUMBERS, EMAIL ADDRESS AND MAILING ADDRESS. THIS INFORMATION WILL BE USED TO CONTACT RELATIVES OR FRIENDS FOR REMOVAL OF ANY EQUIPMENT IF A SITUATION OCCURS. SUCH AS PERMANENT DISABILITY WHERE UNABLE TO RETURN TO CLUB OR DEATH. PLEASE LIST THE FIRST TO BE NOTIFIED. THANK YOU.

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
CELL: \_\_\_\_\_

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
CELL: \_\_\_\_\_

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
CELL: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

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