People Cycling – Emergency Contact Information

Ride Name:			
Ride Dates:	Ride Leader(s):		
Please provide the Name, Address, and Phone number(s) of the person(s) you wish to designate as your Emergency Contact. Ideally, this should be someone that can make medical decisions for you in case you cannot.			
Participants Name	Primary Contact	Secondary Contact	

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Participants Name	Primary Contact	Secondary Contact