


Chesapeake Flotillas, LLC	Emergency Information	 Chesapeake Flotillas
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Please complete the fields below and seal this form in a standard business size envelope with your name written plainly on the outside. Attach extra pages if necessary. Include a legible copy of your passport with this form. Only put one person's information in each envelope.

<b>Name</b>	
<i>Passport Number</i> <i>Issuing Country</i> <i>Expiration Date</i>	
<i>Airline or Booking Entity and Reference Number</i>	
<i>Emergency Contact Person (in the US)</i>	
<i>Name</i>	
<i>Relationship</i>	
<i>Phone Number</i>	
<i>Email (optional)</i>	
<i>Medical Conditions</i> <i>(If none, write none)</i>	
<i>Prescribed Medications</i> <i>(If none, write none)</i>	