

Culver City Sister City Committee

Insert photo

Cultural Exchange Emergency Contact Information

Parent's/Guardians, please type or print to complete

Adult traveler's name _____

Student's name _____ Male _____ Female _____

Age at time of the Exchange _____ Birthdate _____ Hm. phone _____

Cell phone _____

Complete home address of the traveler

FOR STUDENT TRAVELERS

Father's/Guardian's name _____

Occupation _____ Day/Work Phone _____

Mother's/Guardian's name _____

Occupation _____ Day/Work Phone _____

BEST email address _____ FAX _____

Will you be at home during the trip? _____ if not, please give information as to where we can contact you, if known.

In case of an emergency please list two relatives/friends that we may contact and will be able to contact you during this exchange.

Name _____ Relationship _____

Phone/Fax/Email address _____

Name _____ Relationship _____

Phone/Fax/Email address _____