



Wisconsin Twisters Emergency Contact Card

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Emergency Contact #1 _____ Phone _____

Emergency Contact #2 _____ Phone _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Hospital Preference _____

Allergies _____

Other Information and/or Medications _____

Twister Team _____