



**NATIONAL MATCHES INFORMATION CARD
2008 POST LOCATOR CARD**

Please provide the information and emergency contact information requested on this form. This information will be used to locate you or your emergency contact in case of an emergency.

Name: _____

Address: _____

Phone: _____

Email: _____

Please check the appropriate boxes:

- CMP Competitor
- NRA Competitor
- Match Official
- NRA Volunteer
- Team Coach/Captain in NT Team Matches (I am not entered in any CMP Individual Matches)
 - o Service (if applicable) _____
 - o Rank (if applicable) _____

Location where you are staying during the National Matches?

Phone No. during the Matches (if available) _____

Person to be contacted in an emergency _____

Emergency contact phone number _____

Vehicle License No. _____

NM Arrival Date _____ NM Departure Date _____

Other person in your party _____
