

# *The Guild of Santa Maria*



## **Member/Guest Information**

### **Personal Information:**

Name: _____	Guest Of: _____
Address _____	Phone: _____
_____	Cell/Pager: _____
City, State, Zip _____	
Email _____	

### **Health/Food Information:**

Allergies, please list: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications Taken: \_\_\_\_\_

Location of Meds & Dosage: \_\_\_\_\_

Dietary Requirements (Vegan, etc.) \_\_\_\_\_

### **Emergency Information:**

Emergency Contact Name: \_\_\_\_\_

\_\_\_\_\_

Contact Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

#### **Medical Insurance Information**

_____	_____
Medical Carrier	Primary Physician or Medical Group ID
_____	
Phone # for medical Group	