

UPDATED EMERGENCY CONTACT FORM

Shareholder(s) Name: (please print) _____

Shareholder Address and Unit Number _____

Shareholder(s) Phone Number _____

Shareholder(s) Email Address _____

Shareholder's Emergency Contact Name (print) _____

Relationship to Shareholder _____

Emergency Contact Phone Number(s) _____

Shareholder's Emergency Contact (print) _____

Relationship to Shareholder _____

Emergency Contact Phone Number(s) _____

Shareholder's Emergency Contact Name (print) _____

Relationship to Shareholder _____

Emergency Contact Phone Number(s) _____

These numbers will be called in case of emergency. By signing below, I am authorizing Leisure Acres to contact my Emergency Contacts.

SIGNATURE

DATE

SIGNATURE

DATE