

# Pit Emergency Information

Riders Name: \_\_\_\_\_ Riders Number: \_\_\_\_\_ Make of Bike: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_

Location of your vehicle: \_\_\_\_\_

Location of keys in event of emergency: \_\_\_\_\_

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**(\*In the event of an emergency and HBMC needs to contact a 'Responsible Party'**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Riders Name: \_\_\_\_\_ Riders Number: \_\_\_\_\_ Make of Bike: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_

Location of your vehicle: \_\_\_\_\_

Location of keys in event of emergency: \_\_\_\_\_

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**(\*In the event of an emergency and HBMC needs to contact a 'Responsible Party'**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Riders Name: \_\_\_\_\_ Riders Number: \_\_\_\_\_ Make of Bike: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_

Location of your vehicle: \_\_\_\_\_

Location of keys in event of emergency: \_\_\_\_\_

.....

**(\*In the event of an emergency and HBMC needs to contact a 'Responsible Party'**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_