**MATE INTERNSHIP PROGRAM – EMERGENCY CONTACT FORM** ***(bolded fields MUST be completed)***

**Internship dates:**

**Ship:**

**Contact on ship (name and phone number):**

**Your name:**

**Your phone number:**

**Your email:**

**Contact 1 Name:**

**Relationship to you:**

**Phone number:**

Email:

**Address:**

Contact 2 Name:

Relationship to you:

Phone number:

Email:

Address: