



**BATTLE  
AGAINST  
HUNGER**

P.O. Box 800 • Pennington, NJ 08534-0800  
(732) 274-9514 • [www.battleagainsthunger.org](http://www.battleagainsthunger.org)

## 2010 PARTICIPANT INFORMATION FORM

Please fill out this form completely. Return it by fax to 732-257-3353 or by mail to the address above no later than **Monday, August 16. On the ride, please carry your medical insurance card with you at all times.** Thank you.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

PHYSICIAN'S NUMBER \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICATIONS TAKEN \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_