



SANTA BARBARA

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Emergency Contact and Food Allergies

Name _____
 Email address _____
 Residence address _____
 Local phone _____ Cell Ph# _____
 Insurance Carrier: _____

Emergency contact person #1:

Name _____ Relation _____
 Address _____ City, State _____
 Phone #1 _____ #2 _____ #3 _____
 Email _____

Emergency contact person #2:

Name _____ Relation _____
 Address _____ City, State _____
 Phone #1 _____ #2 _____ #3 _____
 Email _____

Check one:

- Vegan Vegetarian No red Meat No preference Other

If you selected 'Other' please explain:

Food Allergies:

Food preferences. This is not a guarantee that you will get your preferences everyday.