



# **US DESMO**

## **DUCATI OWNERS CLUB**

### ***In Case Of Emergency***

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Primary Care Physician (optional) \_\_\_\_\_

Allergies \_\_\_\_\_

#### **Please Notify In Case of Emergency:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Did you come alone? \_\_\_\_\_ If yes where are you parked and where are your keys?

\_\_\_\_\_

**Please list information for contact where they can be reached THE EVENT DAY from 9am-6pm.**