

Dear BOLTer!

We are missing the following information from you:

___ You have all of your forms in! (We think you are a rock star!!)

Medical Form (either we do not have it or you left it blank)

- ___ missing form
- ___ tetnus info **email us
- ___ insurance info
- ___ physical info

___ Waiver and Informed Consent Form

___ Dietary Concerns Form (either we do not have it or you left it blank)

___ Equipment Needs Form (either we do not have it or you left it blank)

___ Payment: check made payable

“Brown University”
Memo line: BOLT/ student name

Address:

BOLT
Box 1930
Providence, RI 02912
(401) 863-1954
(401) 863-1155 (fax)

Please fill out the attached form(s) and return them ASAP!

Thanks!

YFBSMs (Your Friendly BOLT Summer Managers)

PRIMARY PHYSICIAN(S) CONTACT INFORMATION	
Family Physician:	Business Phone:
Address:	
INSURANCE INFORMATION	
Insurance Company Name	Policy Number:
Insurance Policy Name:	Business Phone: