

**BOWLING GREEN STATE UNIVERSITY SPORT CLUBS**  
**“EMERGENCY ACTION PLAN – 2008-09”**  
*(Mandatory) (due Aug. 31, 2007)*

Club Name (specify gender): \_\_\_\_\_

Primary **practice** location name/site: \_\_\_\_\_

Address and/or street names that border the location: \_\_\_\_\_

\_\_\_\_\_

Name and phone number of nearest hospital: \_\_\_\_\_

Distance from practice location to hospital: \_\_\_\_\_

Describe location and distance to nearest land-line phone (BGSU blue phone, city pay phone, etc.)

\_\_\_\_\_

How would you plan to contact EMS if needed? \_\_\_\_\_

\_\_\_\_\_

Primary **home game** name/site: \_\_\_\_\_

Address and/or street names that border the location: \_\_\_\_\_

\_\_\_\_\_

Name and phone number of nearest hospital: \_\_\_\_\_

Distance from practice location to hospital: \_\_\_\_\_

Describe location and distance to nearest land-line phone (BGSU blue phone, city pay phone, etc.)

\_\_\_\_\_

How would you plan to contact EMS if needed? \_\_\_\_\_

\_\_\_\_\_