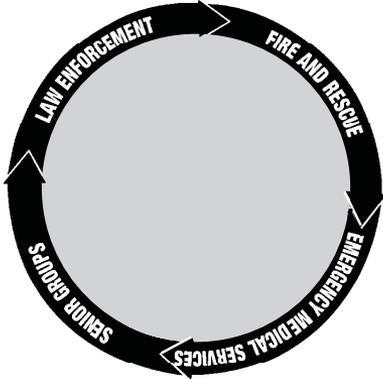


The Yellow Dot Program



Personal Information

Name _____ Age _____

Address _____

City/St/Zip _____

Home Ph. (_____) _____

Cell Ph. (_____) _____

Physicians

Name _____

City/State _____

Office Ph. (_____) _____

Name _____

City/State _____

Office Ph. (_____) _____

Photo

Please Note: The Yellow Dot Program acts as facilitator only. All information contained herein is supplied by and is the sole responsibility of the participating person listed.

Sponsored By:

Your Local Governor's Highway Safety Office.

Funded by ADECA/LETS

Participant's Name

(See back panel for Personal Information, see inside for Contacts, Medical Information & Medications)