

TRAVEL PARTICIPANT LIST

Activity/Course Information

Trip Description: _____
 Hotel/Camp Name*: _____
 Destination City: _____
 State/Country: _____
 Dept. Emergency Contact Phone No.: _____

Semester/Year: _____
 Course Name/No.: _____
 Arrival Date: _____
 Departure Date: _____
 If the Departure Date is less than 5 days, please provide an explanation.

For Additional Participants, please list identification information on second form.

LAST NAME	FIRST NAME	EMAIL	PARTICIPANT STATUS **	EMERGENCY CONTACT NAME	RELATIONSHIP	CONTACT EMAIL	CONTACT PHONE NUMBER
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

Trip Leader Certification: I hereby certify that I have presented the applicable safety and health information to all Participants of this trip as required by the Administrative Field Trip Guidelines, have provided all Participants access to the required forms and have collected and retained the General Waivers of Liability from all Participants. I have also reviewed all additional Department Guidelines as well as completed a pre-trip evaluation. I will give this list to the appropriate administrator and take a copy with me during the trip. I will also comply with all campus required records retention policies.

Signature: _____ Date: _____

* If overnight stay is required, please list hotel, camp, or camping address of students/faculty.

** Participant Status: For insurance purposes, please note if participant is an employee (E), student employee (SE), student, chaperon (C), volunteer (V) or other participant (OP). For Field Trips, participants must be identified as employees, student employees, students or volunteers. Others are not permitted to attend.