CSUF | Risk Management
HUMAN RESOURCES AND INCLUSIVE EXCELLENCE

ACADEMIC FIELD TRIP PARTICIPANT LIST

College: _____ Department: _____

Dept.: _____ Course #: _____

Schedule #: _____ Instructor: _____

Activity Description/Title: _____

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Field Trip Begins:
Date: _____ Time: _____ Location: _____

Field Trip Ends:
Date: _____ Time: _____ Location: _____

Faculty contact in case of emergency:
Name: _____ Phone #: _____

PARTICIPANT LIST

Participant Name	In Case of Emergency Call Name/Relationship	Phone Number Include Area Code
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