Academic Field Trip Participant List

Course Information

College: _____
Department: _____
Course Number: _____
Schedule Number: _____
Instructor: _____

Activity Information

Field Trip Title or Description: _____
Start Date: _____ **Start Time:** _____
Start Location: _____
End Date: _____ **End Time:** _____
End Location: _____

Emergency Contact Information

Faculty/Staff Emergency Contact Name: _____
Emergency Phone Number: _____

Participant List

Please print clearly.

Participant Name	Emergency Contact Name and Relationship	Emergency Contact Phone Number

Participant Name	Emergency Contact Name and Relationship	Emergency Contact Phone Number