

**Academic Field Trip Participant List**

Academic Department: \_\_\_\_\_ College: \_\_\_\_\_

Academic Field Trip Descriptive Title: \_\_\_\_\_

Field Trip Begins: \_\_\_\_\_ Field Trip Ends: \_\_\_\_\_

Faculty/Staff Emergency Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please print clearly*

<b>Participant's Name:</b>	<b>Emergency Contact's Name/Relationship:</b>	<b>Contact's Phone:</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____

*Please maintain this list for two (2) years in the Academic Department. Add a second page if necessary.*