



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

Participant's Name:	Emergency Contact's Name/Relationship:	Contact's Phone:
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.