

# Travel Participant List

<b>Trip Description</b>	
<b>Hotel Name</b>	
<b>Destination</b>	
<b>Destination City</b>	
<b>State/Country</b>	
<b>Department Emergency Contact Phone No.</b>	

<b>Semester/Year</b>	
<b>Course Name/No.</b>	
<b>Departure Date</b>	
<b>Arrival Date</b>	

	Last Name	First Name	Student or Employee ID Number	Participant Status*	Emergency Contact Person	Relationship	Contact Phone Number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

\*Participant Status: For insurance purposes, please note if participant is an employee, student employee, student, or volunteer

Trip Leader Signature \_\_\_\_\_

Date: \_\_\_\_\_

Provost Signature \_\_\_\_\_

Date: \_\_\_\_\_

President Signature \_\_\_\_\_

Date: \_\_\_\_\_