

ACADEMIC FIELD TRIP PARTICIPANT LIST

School _____ Department _____

Activity Description/Title _____ Course # _____

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

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

Faculty/Staff Responsible Party: _____ Phone: _____

PARTICIPANT LIST

Participant Name	Emergency Contact- Name/Relationship	Phone Number w/Area Code
1		
2		
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