

Travel Participant List

For Office Use Only
Date RM Received: _____
Date FTIP Requested: _____
Date FTIP Bound: _____

Activity / Course Information

Trip Description	
Hotel/Camp Name*	
Destination City	
State/Country	
Dept. Emergency Contact Phone No.	

Semester/Year	
Course Name / No.	
Arrival Date	
Departure Date	

If the Departure Date is less than 5 days, Please provide an explanation.

For Additional Participants, please list identification information on second form.

	Last Name	First Name	MI	Email	Participant Status**	Emergency Contact	Contact Phone No. or Email
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Trip Leader Certification: I hereby certify that I have presented the applicable safety and health information to all Participants of this trip as required by the Administrative Field Trip Guidelines, have provided all Participants access to the required forms and have collected and retained the General Waivers of Liability from all Participants. I have also reviewed all additional Department Guidelines as well as completed a pre-trip evaluation. I will give this list to the appropriate administrator and take a copy with me during the trip. I will also comply with all campus required records retention policies.

Signature: _____

Date: _____

* If overnight stay is required, please list hotel, camp, or camping address of students/faculty.

** Participant Status: For insurance purposes, please note if participant is an employee, student employee, student, chaperon, volunteer or other participant. For Field Trips, participants must be identified as employees, student employees, students or volunteers. Others are not permitted to attend.