

**California State University, Long Beach
DOMESTIC TRAVEL PARTICIPANTS**

Activity or Course Name: _____		Course Number: _____	Year
Destination: _____ City and State		Depart Date: _____	Winter _____
		Return Date: _____	Summer _____
			Fall _____
Faculty Name: _____		College/Dept.: _____	Spring _____
Email Address: _____		Extension: _____	Fax: _____

	Participant			Participant Status*	Student or Employee ID Number	Emergency Contact Person	Relationship	Contact		
	Last Name	First Name	MI					Home Telephone	Work Telephone	Cell Telephone
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For additional participants, please prepare and submit a second form.

***Only students, employees and volunteers are covered by the University's insurance.**