

Department of Risk Management

## Student Travel Participant and Emergency Contact List (Please Fax to University Police x77022)

College:		Department:	
Activity Descriptior			
<u>Begins</u>			
Date:	Time:	Location:	
<u>Ends</u>			
Date:	Time:	Location:	
Emergency Contact	t (Faculty/Staff):		
<u>College/Departmer</u>	nt Designated as Responsi	<u>ible Party</u>	
Name:		Phone:	

## Participant List

Participant Name	Emergency Contact	Area Code and
	(Name/Relationship)	Phone Number

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