



Department of Risk Management

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

College: _____ Department: _____

Activity Description/Title: _____

Begins

Date: _____ Time: _____ Location: _____

Ends

Date: _____ Time: _____ Location: _____

Emergency Contact (Faculty/Staff): _____

College/Department Designated as Responsible Party

Name: _____ Phone: _____

Participant List

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

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