**Template: Emergency Contact Information**

Academic Department: College:

Trip Date(s)”

**Faculty/Staff Emergency Contact Information *(non-traveling member)***

Name: Email: Phone:

**Participant List & Emergency Contacts**

*Provide participant information and the designated emergency contact for each individual below -OR- attach your list to this submission.*

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| --- | --- | --- | --- | --- |
| Participant Name | Coyote ID*(9 digits)* | Affiliation*(Student, Staff, Faculty)* | Emergency Contact(s)*(Name/Relationship)* | Phone Number |
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