Academic Field Trip Participant List

Field Trip Information			
Department:		College:	
Field Trip Description:		Field Trip Location:	
Begins on (date/time):		Ends on (date/time):	
Faculty/Staff Emergency Contact Name:		Faculty/Staff Emergency Contact Telephone No:	

Participant Information								
	Participant Name	Bronco ID Number	Participant Phone Number	Participant Email Address	Emergency Contact Name	Relationship to Participant	Emergency Contact Phone Number	Emergency Contact Email Address
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Participant Information (continued)								
	Participant Name	Bronco ID Number	Participant Phone Number	Participant Email Address	Emergency Contact Name	Relationship to Participant	Emergency Contact Phone Number	Emergency Contact Email Address
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								

Completed By:			
Signature:		Date:	

Attach additional pages as needed. This form is to be retained in the academic department for two years following completion of the field trip.