

EMERGENCY CONTACT INFORMATION

Please complete this form and return it to the trip leader

NAME _____ G# _____

CAMPUS PHONE _____ CELL PHONE _____

CAMPUS ADDRESS _____

Please provide contact information at your destination and for two individuals who will be available during your travel period. This information is confidential and will only be used in case of emergency. It will be destroyed upon your return.

IF TRAVELLING OUTSIDE THE U.S. PLEASE ATTACH A COPY OF THE PHOTO PAGE OF YOUR PASSPORT.

TRAVEL INFORMATION:

Travel Destination: _____

Dates of Travel _____ Name of Trip Leader: _____

Destination Phone # _____ Name of Destination Contact: _____

Destination E-mail or web address, if available: _____

Attach a copy of your flight and lodging itinerary

Brief description of activity:

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Home Phone _____ Work/Cell _____

Address _____

Name _____ Relationship _____

Home Phone _____ Work/Cell _____

Address _____

Special Information or Instructions: