



C A L S T A T E
FULLERTON

Environmental Health and Instructional Safety (657)278-7233
 Risk Management (657)278-7346

ACADEMIC FIELD TRIP PARTICIPANT LIST

College: _____ Department: _____

Dept. _____ Course # _____ Schedule # _____ Instructor _____

Activity Description/Title: _____

Field Trip Begins:

Date: _____ Time: _____ Location: _____

Field Trip Ends:

Date: _____ Time: _____ Location: _____

Faculty/Staff Contact in case of emergency: _____

Phone: _____

PARTICIPANT LIST **PLEASE PRINT**

Participant Name	In Case Of Emergency Call Name/Relationship	Phone Number Include Area Code
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A COPY OF THIS LIST MUST BE KEPT IN THE ACADEMIC DEPARTMENT OFFICE

Participant Name	In Case Of Emergency Call Name/Relationship	Phone Number Include Area Code
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