



Foreign Travel Participant List

Faculty Name _____

College/Dept _____

Campus Phone (_____) _____

Campus Email _____

Course Name _____

Course Number _____

Year: Winter Spring Summer Fall

Destination City _____

Destination Country _____

| | Traveler Last Name, First Name | University ID | University Affiliation <small>(faculty, staff, student, volunteer)</small> | Age, if under 18 yrs old | Emergency Contact <small>(LastName, FirstName)</small> | Relationship to Traveler | Phone | Email |
|----|-----------------------------------|---------------|--|--------------------------------|---|-----------------------------|-------|-------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

* If you need space for additional travelers, complete and attach another Participant List.

* List the Trip Leader first, then list the additional travelers in alphabetical order by Last Name, First Name. Name order should match with the Foreign Travel Schedule form.

* This form is for a group travel only (2 or more travelers).