



Complete this form only when there are 2 or more travelers

**San Francisco State University
Participant List**

Activity or		Year
Course Name: _____	Course Number: _____	Winter _____
Destination(s): _____ City and State	Depart Date: _____	Summer _____
	Return Date: _____	Fall _____
		Spring _____
Faculty Name: _____	College/Dept.: _____	
Email Address: _____	Campus Phone: _____	Fax: _____

*Formatted fields. Select pull down menu. Type phone number with no spaces or symbols (i.e. 4153381234)

	Participant		Age if under 18	Participant Status*	Student or Employee ID Number	Emergency Contact Person	*Relationship	Contact		
	Last Name	First Name, MI						*Home Telephone	*Work Telephone	*Cell Telephone
1										
2										
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22										
23										
24										
25										

*Complete and submit another form to list additional participants

***Only students, employees and volunteers are covered by the University's insurance**

****If participant is under 18-years old, please provide the participant's age next to their name**