the University Corporation, San Francsico State

P.O. Box 320160
San Francisco, CA 94132
http://UCorp.sfsu.edu

Reset

Participant List

Activity/Purpose: _____

Destination(s): _____
City & Country

Departure Date: _____ **Return Date:** _____

Trip Leader Name: _____ **College/Dept:** _____ **UCorp acct:** _____

Email Address: _____ **Campus phone:** _____ **Fax:** _____

Participant Name		Age if < 18	Status *	Student or Employee ID #	Emergency Contact	Contact Telephone #		
Last	First, MI				Name / Relationship	Home	Work	Cell

*** Status:** SFSU Staff UCorp Employee
SFSU Faculty Student
Other

Complete & submit additional form(s) to include all individuals travelling

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Travel Schedule

Destination (City & Country): _____

Group Departure Date (Dep Dte): _____

Group Return Date (Ret Dte): _____

Dep Dte from US	Ret Dte from US	Traveler Name (Last, First, MI) as appears on passport	UCorp / SFSU Status	Age (if < 18 yrs old)	FOR OFFICE USE ONLY			
					TRAVEL			
mm/dd/yy	mm/dd/yy		UCorp employee SFSU faculty SFSU staff Student / Other		< 15 days	< 30 days	>30 days	Premium Cost

UCorp employees = _____

SFSU faculty/staff = _____

Students = _____

other = _____

total Travelers = _____

Total Premium Cost = _____

Complete & submit another form to list additional participants.