

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

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			Premium Cost
					TRAVEL			
mm/dd/yy	mm/dd/yy		UCorp employee SFSU faculty SFSU staff Student / Other		< 15 days	< 30 days	>30 days	

UCorp employees = _____
 SFSU faculty/staff = _____
 Students = _____
 other = _____
 total Travelers = _____

Total Premium Cost	_____
=	