

# Northeast Wisconsin Technical College

## Field Trip Authorization & Participant List

NWTC Security (920)498-5699

Course Name & Number: \_\_\_\_\_

Faculty: \_\_\_\_\_

Destination of Field Trip: \_\_\_\_\_

Faculty Cell #: \_\_\_\_\_

Start Date & Time: \_\_\_\_\_ End Date & Time: \_\_\_\_\_

# of Students participating: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

# of Faculty/Staff: \_\_\_\_\_

### FIELD TRIP PARTICIPANT LIST

Participant Name	Emergency Contact Information			
	Contact Name	Relationship	Phone No.	Completed Acknowledgement of risk form attached
1.				
2.				
3.				
4.				
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11.				
12.				
13.				

**Field Trip Participant List (continued)**

<b>Participant Name</b>	<b>Contact Name</b>	<b>Relationship</b>	<b>Phone No.</b>	<b>Completed Acknowledgement of risk form attached</b>
14.				
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