

# Lurleen B. Wallace Community College Group/Field Trip Information Form

Activity \_\_\_\_\_ Date(s) \_\_\_\_\_

Person in Charge of the Activity \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please provide the following information about the activity:

Activity Location \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Activity Location Telephone \_\_\_\_\_

Activity Location Contact Person \_\_\_\_\_

If using a school vehicle, please list which vehicle. \_\_\_\_\_

Driver \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please provide any additional information that may help us reach you in case of an emergency (i.e., cell phone numbers of one or more of your students).

\_\_\_\_\_

\_\_\_\_\_

Please list below the names of the students, faculty, and staff participating in the activity. Students traveling should submit a Liability Release form to the person in charge of the activity. NOTE: If a student is under the age of nineteen years, then the parent/legal guardian having custody of the student should also sign and date the Liability Release form.

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