



San Francisco State University Participant List

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

\*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
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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