



Prescott College

Off Campus Activity Form for Day Trips

NOTE: This form is for courses going out for the DAY. Please complete the ENTIRE form. The college needs to know where you are going, who is in the van, how we can get hold of you and that you have taken the time to complete your van inspection.

I. Course Information

Course Name:

Department:

Destination:

Date:

Estimated Return Time:

Nearest Medical Facility:

II. Instructor Information

Instructor Name:

Cell #:

Emergency Contact Name:

Cell #:

Instructor Name:

Cell #:

Emergency Contact Name:

Cell #:

Nearest Medical Facility:

III. Van Information

Van # Pre-Trip Inspection Completed

Beginning Mileage

IV. Student/Participant Information

1. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
2. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
3. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
4. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
5. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
6. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
7. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
8. Name
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Emergency Contact Name
Relationship to you
Emergency Contact #
9. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
10. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
11. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
12. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
13. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
14. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
15. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #
16. Name
Cell #
Emergency Contact Name
Relationship to you
Emergency Contact #