



TRIP INFORMATION

Event/Activity Name: _____

Departure: _____ Return: _____ Departure Location: _____
Date Time Date Time

Destination Address: _____ # of Participants: _____
Street City State

TRIP COORDINATOR INFORMATION

Trip Coordinator Name: _____ Emergency Phone Number: _____

Organization/Department: _____

Email Address: _____ Kean Affiliation: Student Faculty Staff Other: _____

TRIP ADVISOR INFORMATION, IF DIFFERENT

Trip Advisor Name: _____ Is the Trip Advisor a Kean full-time faculty/staff member: Yes No

College/School/Department Name: _____ Office Phone: _____

Trip Advisor Email: _____ Emergency Phone Number: _____

PARTICIPANT ROSTER

| Name: | KUID: | Phone Number: | Travel Registration Form On File? |
|-------|-------|---------------|--|
| 1. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

A complete list of participants must be submitted to the Kean University Department of Public Safety and Police by email at kupolice@kean.edu and the respective Department Director prior to the trip departure.

| Name: | KUID: | Phone Number: | Travel Registration Form On File? |
|-------|-------|---------------|--|
| 27. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 33. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 38. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 39. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 40. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 41. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 42. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 43. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 44. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 45. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 46. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 47. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 48. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 49. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 50. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 51. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 52. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 53. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 54. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 55. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 56. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 57. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 58. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 59. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 60. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Attach additional pages if necessary.