



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

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?
26.			<input type="checkbox"/> Yes <input type="checkbox"/> No
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

Attach additional pages if necessary.