

Northeast Wisconsin Technical College

Field Trip Authorization & Participant List

NWTC Security (920)498-5699

Course Name & Number: _____

Faculty: _____

Destination of Field Trip: _____

Faculty Cell # : _____

Start Date & Time: _____ End Date & Time: _____

of Students participating: _____

Method of Transportation: _____

of Faculty/Staff: _____

FIELD TRIP PARTICIPANT LIST

Participant Name	Emergency Contact Information			
	Contact Name	Relationship	Phone No.	Completed Acknowledgement of risk form attached
1.				
2.				
3.				
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13.				

Field Trip Participant List (continued)

Participant Name	Contact Name	Relationship	Phone No.	Completed Acknowledgement of risk form attached
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