Student Project Overnight Trips

Organization:	
Name of Trip:	
Departure Date and Time:	
Return Date and Time:	
Leader Name & Cell Phone Number: _	
Name of Team Leaders	Phone Number of Emergency Contact
1	Name: Name: Name: Name:
Names of Participants	
1.	Name:
2	Name:
3	Name:
4	Name:
5	Name:
6	Name:
7	Name:
8	Name:
9	Name:
10	Name:
11	Name:
12 13.	Name:
	Name:
14	Name:
15	Name: Name:
16	Name:
17	Name:
18 19	Name:
20.	Name:

Make 4 copies of this form:

Give one copy to UNH Police Department, one copy to Department of Mechanical Engineering (Kings W101, one to your advisor and keep one copy for your project team.