

Student Travel Registration Form - Day Trip (Student)

Student Name

Project Presentation

Event Date

12/11/2023

Student Organization/Department

Team 8

Departure Time

12/12/2023 9:30 AM

Approximate Return Time

12/12/2023 10:45 AM

Minimum Age Requirement

18

PARTICIPANT INFORMATION (STUDENT)

First Name

Anthony

Last Name

Gordon

KUID

1195341

Email

agordonza@kean.edu

Phone Number

(862) 438-7074

Date of Birth

01/22/1998

Permanent Address

McNeal Ct

City

West Orange

State

NJ

ZIP Code

07052

I agree to the Release and Indemnification Agreement

I agree to the Participant Conduct Agreement

Are you utilizing the Kean University provided transportation?

Yes ☒ No

I agree to the FERPA Information Release

Financial Obligation

Not Applicable ☒ Required: Complete Student Financial Obligation Acknowledgement Below.

Base Ticket Price

120.6

Other Activity Costs

\$ 100

Total Financial Obligation

\$ 220.6

I acknowledge the Financial Obligation

Emergency Contact Name

Maechs Mom

Relationship to Participant

Mother

Emergency Contact Phone

(23) 456-7890

Emergency Contact Address

Police Plaza Path, New York, NY

I certify that the provided information is accurate