Off Campus Activity Plan – ECS Date:

Activity :

Location:

|  |  |  |  |
| --- | --- | --- | --- |
| Contact person on campus | Date and time of departure  (from campus) | Communication carried with party  Contact Cell number | Means of emergency contact |
| Transportation  ☐ VUW Vehicle  ☐ Rental Vehicle  Details:  ☐ Personal Vehicle | Date and time of Return  (to campus) | Who will be contacted on return? | What date / time should an emergency response be instigated? |

|  |  |  |
| --- | --- | --- |
| Planned route | Equipment taken | Participants list (attach if necessary) |