



TRIP EMERGENCY INFORMATION
MP Form #3

Event \_\_\_\_\_ Location \_\_\_\_\_

CAC Staff in charge \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Staff \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Staff \_\_\_\_\_ Cell Phone \_\_\_\_\_

Destination Address \_\_\_\_\_ Phone \_\_\_\_\_

Estimated campus departure date \_\_\_\_\_ time \_\_\_\_\_

If road trip, any planned deviations from most direct route, leaving or returning, must be listed below:

\_\_\_\_\_
\_\_\_\_\_

Estimated campus arrival date \_\_\_\_\_ time \_\_\_\_\_

Will everyone be traveling together on this trip? Circle Yes or No

Hotel Information: \_\_\_\_\_

If traveling by air, provide both outgoing and incoming flight numbers, airlines, and arrival/departure times (scheduled).

Outgoing:

Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Destination \_\_\_\_\_ Departure time \_\_\_\_\_

Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Destination \_\_\_\_\_ Departure time \_\_\_\_\_

Incoming:

Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Destination \_\_\_\_\_ Departure time \_\_\_\_\_

Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Destination \_\_\_\_\_ Departure time \_\_\_\_\_

Please include all participants' additional flight information, charter bus information, or other means of transportation being taken with appropriate flight numbers, arrival and departure times, etc.

Additional Information: \_\_\_\_\_

Printed Name of Dean

Dean's Signature

Date

DO NOT WRITE BELOW THIS BOX

CACPD personnel will check this form, and travel package, to ensure completeness, before allowing the person turning in the forms to leave. Verification shall be made that every person traveling has completed a package and it is included.

Package checked by: Name Signature Date



**TRIP ROSTER INFORMATION  
MP Form #3**

Passengers \_\_\_\_\_  
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