

GRCC College Sponsored Group Travel Emergency Contact Information

This form is to be completed by the participant.

Student Information

Name: _____ Date: _____

Student Number: _____ Birth Date: _____

College Sponsored Travel: _____ Semester (if applicable): _____

Please provide contact information for a minimum of two individuals, NOT at the same address, in the event you are involved in an emergency situation while you are participating in a college sponsored travel program. This information is confidential and will only be used in an emergency situation.

Contact Person 1

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Evening Phone: _____

Contact Person 2

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Evening Phone: _____

Contact Person 3

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Evening Phone: _____