

ULM STUDENT CONTACT INFORMATION FORM
(For Domestic and International Travel)

► **Completed forms must be turned in to the full-time staff advisor no less than 72 hours before the event.**

Participant Printed Name	_____
Participant Signature	_____
Participant CWID#	_____
Local Address	_____
	City _____ State _____ Zip _____
Local Phone (____)	_____ Cell phone (____) _____

Parent or Legal Guardian Signature	_____
	(Signature required if Participant is less than 18 years old)
Local Phone (____)	_____ Cell phone (____) _____

Witness Printed Name	_____
Witness Signature	_____

In case of emergency, contact _____	Phone # (____) _____
Health Insurance Carrier _____	Policy # _____

Please list any special services you may require due to an existing medical condition or physical disability:

- _____
- _____
- _____
- _____

A completed <u>COPY</u> of THIS form is to be taken on the trip. Copies are to be on file in the sponsoring department's office.
--