## **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 CWID#  Local Address  City State Zip	Participant Printed Name	
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 Phone # ()  Health Insurance Carrier Policy #  Please list any special services you may require due to an existing medical condition or physical disability:  •  •	Participant Signature	-
City State Zip  Local Phone () Cell phone ()  Parent or Legal Guardian Signature	Participant CWID#	
Parent or Legal Guardian Signature	<b>Local Address</b>	
Parent or Legal Guardian Signature		City State Zip
Cell phone ()   Cell phone ()	Local Phone ()	Cell phone ()
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:  •  •	Parent or Legal Guardian Sig	gnature
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:  •  •		(Signature required if <b>Participant</b> is less than 18 years old)
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:  •  •		
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:  •  •	Witness Printed Name	
Please list any special services you may require due to an existing medical condition or physical disability:	Witness Signature	
Please list any special services you may require due to an existing medical condition or physical disability:		
Please list any special services you may require due to an existing medical condition or physical disability:  •	In case of emergency, contact	et Phone # ()
physical disability:  •  •  •  •  •  •  •  •  •  •  •  •  •	Health Insurance Carrier	Policy #

Domestic & International Travel