



Trip and Participants' Information Form

The responsible party* overseeing academic/workforce, co-curricular, Continuing Education (CE), extracurricular, or student organization travel must complete a *Trip and Participants' Information Form* for each trip if:

1. The group is traveling in a Collin College-owned or -leased vehicle;
2. The trip requires an overnight stay; and/or
3. The trip is required by a Collin College registered student organization, in accordance with [Section 51.950](#) of the [Texas Education Code](#).

The responsible party must keep a copy of this completed *Trip and Participants' Information Form* in their possession throughout the duration of each trip.

A copy of this completed *Trip and Participants' Information Form* must be on file with the appropriate custodian of records listed below **prior to departure**.

1. For **academic/workforce travel**, the appropriate academic/workforce dean, associate academic/workforce dean, program director, or designee is the custodian of records.
2. For **Continuing Education (CE) travel**, the appropriate CE program director or designee is the custodian of records.
3. For **co-curricular, extracurricular, and student organization travel**, the appropriate dean of student and enrollment services or designee is the custodian of records.

*Note: Every athletic coach, co-curricular advisor, extracurricular advisor, faculty member, instructor, staff member, student organization advisor, travel advisor, and travel advisor of record overseeing approved student travel will be identified as the "responsible party."

Trip Information

Name of Organization or Group Traveling (e.g., HIST 1302 Class, Mock Trial Team, Phi Theta Kappa):

First and Last Name of Each Responsible Party:

Event Attending (e.g., Trip to State Capitol, Mock Trial Competition, PTK Annual Conference):

Location of Event (include location name, city, and state):

Name of Hotel at Which Organization or Group Will Be Staying:

Date Event Begins:

Date Event Ends:

Collin College is Paying for a Portion of All of This Trip:

Yes

No

This is an Overnight Trip:

Yes

No

How the Group Will Travel:

Bus

College-owned or -leased Vehicle

Personal Vehicle

Plane

Train

Participants' Information

	Participant's First and Last Names:	Participant's CWID:	Participant's Phone Number:	Student Travel Training Completed (Y/N):	Emergency Contact's First and Last Names:	Emergency Contact's Phone Number:
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	Participant's First and Last Names:	Participant's CWID:	Participant's Phone Number:	Student Travel Training Completed (Y/N):	Emergency Contact's First and Last Names:	Emergency Contact's Phone Number:
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