## HGTC FIELD TRIP NOTIFICATION FORM AND FIELD TRIP ROSTER

Curriculum/Program Instruct Field Trip Sponsor:	tor and/or				
Today's Date:	late: Date(s) of Field Trip:				
Destination:					
Ple	ase attach a copy of the itinerary.				
Field Trip Sponsor's cell pho	ne number:				
Other emergency contact info	ormation for Field Trip Sponsor:				
Overnight accommodations,	if any (Include name of hotel, address, and telephone number):				
Transportation by:					
Time of departure:	ime of departure:Time of return:				
	jective:				
Number of students:					
Has each student signed the	Voluntary Assumption of Risk Agreement?:				
	REQUIRED SIGNATURES				
Instructor or Field Trip Sponsor					
By signing above, I affirm that Waiver, and Rel	Consent for Medical Treatment Forms and Voluntary Assumption of Risk, ease Forms for ALL STUDENTS are included in this packet.				
Academic Chair or Department Head	Date				
AVP or VP	Date				
By signing above, I affirm that I have and Voluntary Assumption of Risk	e reviewed these materials and have ensured that Consent for Medical Treatment , Waiver, and Release Forms for ALL STUDENTS are included in this packet.				
President or Designee	Date				

List of participants, including faculty and staff:

Field Trip	J /	Will student miss	Student informed
Field Trip Participant Name	H Number	any classes?	to notify professor.

Form Submission: Advisors/trip sponsors should submit a copy of this completed form to the Office of Student Affairs and/or the Office of Academic Affairs and should keep an additional copy for their records. For Out-of-Area trips with HGTC Students or any Trip with Minor Participants, this completed form must be received at least ten working (10) days prior to departure. For In-Area trips for HGTC Students, this completed form must be received at least two working (2) days prior to departure.

PART 2A Rev. 12-14-12