

## STUDENT TRAVEL FORM

Name: Last		Student ID#				
Last	First	MI				
Address: Street		C't-		State	7:	
				State	Zip	
Phone: ()						
<b>Emergency Contact N</b>	ame:					
	Last		First		MI	
Phone: ()						
Purpose of Travel:						
Dates:		Destin	ation:			
College Instructor/Adv	visor:					
Type of transportation	ı:state car;	state rente	d bus/van;	private car;	other	
Driver of Vehicle:						
Responsibilities as	a Representative	of Anoka-Ra	amsey Comi	munity Colleg	<b>;e</b>	
As a student participating	ng in an Anoka-Rams	sey Community	College activi	ty, I am responsi	ble for:	
9 5	s of the State of Minn					
<b>.</b>	cies of Anoka-Ramse	•	_	·•		
_ ,	in a manner that is res	<u>-</u>	-		of any of the	
	C Student Code of Co ult in removal from a		to substance ab	use. A violation	of ally of the	
_	ption of alcohol by a					
2	ve use of alcohol or a		altering chemi	cals;		
•	llegal chemical substa					
I am traveling to this ev						
chaperone. I agree to ab						
and regulations at all tir safety during travel.	nes. I understand And	oka-Kainsey na	s made an reas	onable enorts to	assure my	
Student Signature:			Date:			
Parent Signature (if st						
rarent Signature (II st	uuent is under age I	loj:				

(Activity Advisor/Coordinator/Instructor: please retain one copy for your records; forward one copy to the Coordinator of Student Engagement and Activities **before** the activity)