

# Student Activities Organization Trip Information

Destination of Trip:			
Sponsoring Organization:			
Date of Trip:			
Depart WCSU:			
Return WCSU:			
Advisor (Fac./Staff) attending:			
Name of Hotel (if applicable):			
Hotel Contact Information:			

## Participants:

	First Name	Last Name	ID Number	Contact Form Completed	Waiver Form Completed
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	First Name	Last Name	ID Number	Contact Form Completed	Waiver Form Completed
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