

# TRAVEL PARTICIPANT FORM

**This form must be completed by each person riding the bus/traveling on behalf of the organization.**

Student/Guest Name: \_\_\_\_\_

BSU ID # (students only): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Student Organization  
sponsoring trip: \_\_\_\_\_

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Submit the completed Travel Participant Form, along with the Travel Participation Agreement, to the Office of Student Life, SC 133.