



## Trip and Participants' Information Form

The responsible party\* overseeing academic/workforce, co-curricular, Continuing Education (CE) and Workforce Development, 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) and Workforce Development travel**, the appropriate Continuing Education (CE) and Workforce Development 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, or travel advisor of record overseeing approved student travel will be identified as the "responsible party."

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### 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 Name:	Participant's Last Name:	Participant's Phone Number:	Student Travel Training Completed (Y/N):	Student Travel Training Liability Waiver and Acknowledgment Form Completed (Y/N):
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	<b>Participant's First Name:</b>	<b>Participant's Last Name:</b>	<b>Participant's Phone Number:</b>	<b>Student Travel Training Completed (Y/N):</b>	<b>Student Travel Training Liability Waiver and Acknowledgment Form Completed (Y/N):</b>
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