

Office of Risk Management
VENTURE FIELD TRIP REPORT

Revised by Risk Management Aug 29, 2012

TO BE COMPLETED & SENT TO RISK MANAGEMENT BEFORE TRIP IS TAKEN

Departure Date: _____ Return Date: _____

Destination: _____

Activity(s) on Trip: Canoeing, Cross Country Skiing, Kayaking, Windsurfing, Cave Exploration, Rappelling,
Rock Climbing, Backpack Hiking, Camping, Downhill Skiing, Rafting, Sea Kayaking

Other: _____

Anticipated Attendance: _____

Students: _____ Faculty (Staff): _____ Visitors: _____

Approval Signatures:

Supervising Faculty (Staff) Member _____ Date

Department Chairperson _____ Date

INSURANCE PREMIUM FOR THIS TRIP WILL BE ALLOCATED TO YOUR DEPARTMENT AFTER THE END OF THE POLICY YEAR EACH NOVEMBER 1ST . PLEASE PROVIDE THE FUND NUMBER TO WHICH WE SHOULD CHARGE THE PREMIUM.

FUND NUMBER _____.

Please return completed form to Risk Management Department, FM/PPS Bldg.

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MEMORANDUM:

To: Risk Management

From: (Name): _____

(Department): _____

Date: _____

Re: Follow-Up Field Trip Report for Insurance Purposes

The following data is provided as a follow-up to the Field Trip Report which was submitted earlier. A full list of participant names is attached.

Activity(s) on Canoeing, Cross Country Skiing, Kayaking, Windsurfing, Cave Exploration, Rappelling, Rock

Trip: Climbing, Backpack Hiking, Camping, Downhill Skiing, Rafting, Sea Kayaking

Other: _____

Destination: _____

Departure Date: _____

Return Date: _____

Actual Number of Participants: _____

FOR INSURANCE PURPOSES, BE SURE TO ATTACH A LIST OF THE NAMES OF ALL ATTENDEES!

INSURANCE PREMIUM FOR THIS TRIP WILL BE ALLOCATED TO YOUR DEPARTMENT AFTER THE END OF THE POLICY YEAR EACH NOVEMBER 1ST . PLEASE PROVIDE THE FUND NUMBER TO WHICH WE SHOULD CHARGE THE PREMIUM.

FUND NUMBER _____.

The follow-up field trip form should be completed and returned to the Risk Management Department, FM/PPS Bldg within five days of return date.