

STUDENT TRAVEL FORM

Name:	Student Tech ID				
Last	First	MI			
Address:					
Street		City		State	Zip
Phone: ()					
Emergency Contact Na	me:				
,	Last		First		MI
Phone: ()					
Purpose of Travel:					
Dates:		Destin	ation:		
College Instructor/Adv					
Type of transportation	:state car; _	state rente	ed bus/van;	private ca	r; other
Driver of Vehicle:					
Responsibilities as a	Representative	e of Anoka-R	amsey Comn	nunity Colle	ege
As a student participatin	g in an Anoka-Ran	nsey Community	College activit	y, I am respon	sible for:
• Abiding by the laws	of the State of Min	nesota			
 Abiding by the polic 		•	•		
 Conducting myself in 		-	-		
 Adherence to ARCC following could resu 			to substance abu	ise. A violatio	n of any of the
C	otion of alcohol by				
	e use of alcohol or	,	altering chemic	als;	
•	legal chemical subs	•			
I am traveling to this eve			•	•	_
chaperone. I agree to abi					
and regulations at all tim safety during travel.	ies. I understand Al	noka-Kamsey na	s made an reasc	madie emons i	to assure my
Student Signature:			Date:		
Parent Signature (if stu					

(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)