

**STUDENT ROSTER**

| Field Trip: | | | Date(s): | | Page ____ of ____ |
|-------------------------------------|--------------------------|-------------------|--------------------|--------------------------|---------------------------------------|
| FT Primary-Advisor/Designee: | | | GROUP Name: | | |
| CCC Student ID# | Cell Phone Number | Print Name | Signature | Emergency Contact | Emergency Contact Phone Number |
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Original to Student Life Department at least five (5) business days before field trip; COPY to be carried by the FULL-TIME PRIMARY-ADVISOR/DESIGNEE while attending field trip. NOTE: ***If a minor (under 18 years of age) is going on the trip** – the minor's parent/guardian must sign the Medical Consent and Consent and Release Forms.

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