

Program		Course (if applicable)	
Name		Title	
Code		Code	
Faculty/Staff		Email(s)	
Off-Campus Activity			
Description			
Activity Location(s)		Date(s)	
Participant Information			
Full Name		Student ID#	
Cell/Phone #		Cambrian Email	
Signature		Date	
Emergency Contact Information			
Emergency Contact Name		Relationship	
Cell/Phone #		Email	
Address Information			
Street #		Street Name	
City/Town		Province	
Postal Code			