

# PALM BEACH STATE COLLEGE

## Student Activities Clubs Off-Campus Student Roster

Advisor \_\_\_\_\_ Activity/Trip Title \_\_\_\_\_  
Club \_\_\_\_\_ Destination \_\_\_\_\_  
Departing Campus \_\_\_\_\_ Dates of Travel \_\_\_\_\_

Student Name	Student ID#	Date of Birth	Gender	Emergency Contact Name and Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A copy of this roster must be attached to all College Vehicle Reservation requests. E-mail a copy to Ginny Rizzo at rizzov@palmbeachstate.edu for insurance purposes.

Vehicle Reservation #