Wilmington University
Student Emergency Contact Information Sheet

This form must be completed no earlier than 36 hours before each trip. Copies should be turned into either the Director of Athletics or Director of Student Affairs IMMEDIATELY.

Team Name:_____

Date of Trip:_____

Traveling To:_____

Departure Time:_____

Expected Time of Return to Wilmington University:_____

Traveler Name	Emergency Contact/ Relationship	Emergency Contact #	Emergency Contact #

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