



ASNUNTUCK COMMUNITY COLLEGE

170 Elm Street Enfield, CT 06082

860.253.3020

Fax 860.253.3063

Dean of Student Services

Program/Activity Request Form

Instructor/Staff Name: _____

Class/Organization: _____

Phone: _____

Email: _____

Program/Activity:

Provided transportation (please check):

BUS AIRPLANE AUTOMOBILE TAXI
 OTHER NONE

If you are driving, circle the appropriate response as verification that you have insurance covering your vehicle and passengers: YES _____ NO _____

Please include itinerary for any transportation that is booked through an external company i.e. plane, train reservations.

Location (s) of activity or trip: _____

Date(s) of activity or trip: ____/____/____ to ____/____/____

Program/Activity start time: _____ Return time: _____

Collected Emergency Contact Forms from students: (please circle YES or NO)

Collected Activity Waiver Forms from students: (please circle YES or NO)

Instructor/Staff Signature

Date

****In the event of an emergency during the activity please contact ACC Security (860)253-3012 and the Interim Dean of Students, Tim St. James (860)253-3011.***