

ASNUNTUCK COMMUNITY COLLEGE

170 Elm Street Enfield, CT 06082

860.253.3020

Fax 860.253.3063

Dean of Student Development

Program/Activity Request Form

Instructor/Staff Name:	
Class/Organization:	
Phone:	
Email:	
Program/Activity:	
Provided transportation (please check):	
BUSAIRPLANEAUTO	OMOBILE TAXI
OTHERNONE	
If you are driving, circle the appropriate response as verificate your vehicle and passengers: YES NO	
Please include itinerary for any transportation that is booked train reservations.	d through an external company i.e. plane,
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:	YES NO
Collected Activity Waiver Forms from students:	YES NO
Instructor/Staff Signature	Date

*In the event of an emergency during the activity please contact ACC Security (860)253-3013 and the Interim Associate Dean of Student Development, Dawn Bryden (860)253-1277.

