

**INTERNATIONAL GROUP WINTER TERM
Trip Leader Contact Information Sheet**

Project Title & Year:

International Destination(s):

Date of US Departure:

Date of US Return:

Name(s) of Trip Leader(s):

Trip Leader(s) Cell Phone(s):

Name of Deputy Trip Leader*:

**Person who will be responsible for decision-making in the event the Trip Leader is unable to continue in that role. This should be someone on the trip or a local contact who can be available to step in and assist the students in case of crisis.*

Deputy Trip Leader's Cell Phone (if different from Trip Leader):

Do you expect to have access to email during the project? If yes, please indicate expected frequency of access.

Yes

No

Expected Frequency:

Optional Additional Information

Name of Local Contact:

Phone Number for Local Contact:

Email address for Local Contact:

Local Address:

Other means of contacting the group: