Please e-mail to Rachel_Cross@baylor.edu

BAYLOR UNIVERSITY

List of Participants

Destination(s): ______________________________

File #: ________ **Dates of Travel:** ______________________________

Title	**Family Name**	**First Name**	**Date of Birth**	**Gender (M / F)**	**AHP Insurance Coverage Information** (Dependents & Non-Volunteer Guests <u>must</u> buy Individual AHP Insurance at http://www.ahpcare.com/baylorabroad/ even if going as part of a group.) ***If buying individual insurance do not fill in these fields.***				**Indicate whether Faculty, Staff, Undergrad Student, Grad Student, Volunteer (Functioning in some official capacity for BU while on the trip), Dependent, or Guest**
					Coverage From	**Coverage To**	**Home Country**	**Host Country**	
(Ex. Mr.	Smith	John	1-Jan-90	M	1/1/2010	1/20/2010	USA	Sweden	Undergrad Student