## Form 3. Pre-departure notification of Dawson Security

**This notification must be submitted to Dawson Security at least two working days in advance of departure for all activities involving overnight stays.**

**Department/Program/Service**: Click here to enter text.

**Student group** (course, team, etc.): Click here to enter text.

**Name of activity**: Click here to enter text.

**Number of student participants**: Click here to enter text.

**Activity Leader(s)** (Dawson faculty member, staff member or other person authorized by the Person in Authority who acts as the direct report for activity participants and leads the off-campus activity "**on the ground**."):

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Telephone (during activity)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Travel itinerary**

Complete the section below for a simple itinerary, or attach a separate sheet with a complete travel itinerary (dates, locations, modes of transportation, map showing travel route, etc.).

**Date of departure**: Click here to enter a date. **Date of return**: Click here to enter a date.

|  |  |  |
| --- | --- | --- |
| **Dates** | **Location** (city/country) | **Mode of transportation** (rented bus, commercial carrier, or other) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**The list of student participants, together with their emergency contact numbers, must be appended to this form.**

**Dawson contacts in the event of an emergency**:

Name: Click here to enter text. Position: Click here to enter text.

Telephone (enter as many numbers as appropriate): Click here to enter text.

Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table.