This form can be completed and provided to the Collegiate Challenge participant’s parents or guardians as a resource during the trip.

TRIP INFORMATION

Collegiate Challenge host affiliate ________________________________

Location (city/state) ________________________________

Trip dates ________________________________

School name ________________________________

Group name ________________________________

Team leader name ________________________________

Team leader contact information ________________________________

In case of emergency:
If there is an emergency and you need to contact a participant, please contact the group’s team leader. If you are unable to reach the participant or group leader, please contact the Collegiate Challenge team at (800) HABITAT. For general questions, please email colchal@habitat.org.

Insurance information:
If any participant is injured on the work site, the participant will need to pay for any medical treatment and will be reimbursed through the Collegiate Challenge insurance policy. The appropriate claim forms will be provided to the participant, so that they can be reimbursed. If you have any questions about an insurance claim, please contact the Collegiate Challenge team.

THANK YOU for making a difference with Habitat for Humanity. Have a great trip!