

Date (mm-dd-yyyy):

Notification of Training Camp, Competition, or Off-Campus Activity, etc.

To: Manager of Student Support Division, College of Arts and Sciences

Notification is provided that \_\_\_\_\_ will be conducted.

Name of student organization	(Club, sports team, etc.)						
Faculty Advisor *1	Department:			Position title			
	Name			Emergency contact information			
	Contact to Advisor		<input type="checkbox"/> Contact has been made		<input type="checkbox"/> Contact is planned		
Representative (Captain)	Department:	College/Faculty	Stream	Department	Year	Student ID Card Number	
	Name		Mobile phone				
Person entering information	Department:	College/Faculty	Stream	Department	Year	Student ID Card Number	
	Name		Mobile phone				
Objective and content of activity *2							
Period	From	(mm-dd-yyyy)			:	(time)	
	to	(mm-dd-yyyy)			:	(time)	
Location of activity	Facility name	Yamanaka Dormitory-Naito Seminar House		TEL			
	Address	Prefecture					
Means of transportation *2	Public transportation		<input type="checkbox"/> Railway	<input type="checkbox"/> Bus	<input type="checkbox"/> Airplane		
			<input type="checkbox"/> Privately-owned car	<input type="checkbox"/> Chartered bus	<input type="checkbox"/> Other		
	Automobile	Driver Department:		Name			
	Submission of Application for Vehicle Entry onto Campus (Komaba I Campus only)						<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of participants *4	Student of The University of Tokyo	Male	(no.)	Female	(no.)	Total	(no.)
	Student of other university	Male	(no.)	Female	(no.)	Total	(no.)
Emergency contact information	Department:	College/Faculty	Stream	Department	Year	Student ID Card Number	
	Name		Mobile phone				
	Email address						
Attached documents *5	<input type="checkbox"/> Participant list		<input type="checkbox"/> Overview of competition		<input type="checkbox"/> Activity plan		<input type="checkbox"/> Overview of training camp
	<input type="checkbox"/> Safety and Health Management Plan for Outdoor Education and Research Activity						<input type="checkbox"/> Mountain climbing notification
	<input type="checkbox"/> Other		Document name:				

\*1 Not required in the absence of Faculty Advisor, etc.

\*2 For details of activities accompanying training camps, please submit a schedule indicating itinerary and lodging facilities.

\*3 If transportation is by automobile, indicate Department and name.

\*4 Please submit a participant list indicating Department, etc.

\*5 In case of "Other," list the names of documents related to the submission.

Date (mm-dd-yyyy):

Notification of Training Camp, Competition, or Off-Campus Activity, etc. – Participant List

Name of student organization							
	Title	Name	UTokyo	Faculty	Academic	Gender	Notes
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