

Program/Event Registration Form

Please complete all fields and return to Human Resources.

Name of Program/Event: _____

Department Organizing the Program/Event: _____

Organizer(s) of the Program/Event: _____

Date(s) of Program/Event: _____

Number of Minor Participants: _____ Age Range of Minor Participants: _____

Number of Staff Members: _____

Location of the Program/Event: _____

Description of the Program/Event:

List all Authorized Adults for the Program/Event (attach additional pages if necessary):

The term "Authorized Adults," as defined in the Policy Regarding Minors on Campus, refers to individuals who will be directly responsible for the supervision of minors while participating in the program.

Signatures:

Program/Event Organizer

Date

Direct Supervisor of Program/Event Organizer

Date