Logo for email signature **Risk Management & Internal Control · SA1600· 25800 Carlos Bee Blvd · Hayward, CA 94542 Telephone (510) 885-4227 Fax (510) 885-4908**

**Registration Form for Programs with Minors**

Date: Click here to enter a date.

This form must be submitted at least **Please submit to:**

14 calendar days Prior to the event start date: Risk Management & Internal Control

Fax: 510-885-4908; email: [jill.millican@csueastbay.edu](mailto:jill.millican@csueastbay.edu)

|  |
| --- |
| Program Information |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Program:**Click here to enter text. | | | **Department:**Click here to enter text. | |
| **Location:**Click here to enter text. | | | | |
| **Brief Description:**Click here to enter text. | | | | |
| **Start Date:**Click here to enter a date. | | **End Date:**Click here to enter a date. | | **Total # of days:**Click here to enter text. |
| Will there be any overnight stays?  Yes  No | If yes, please provide specifics:Click here to enter text. | | | |
| Will there be transportation provided? Yes  No | If yes, please provide specifics:Click here to enter text. | | | |
| If yes; Is/Are vehicle/s Owned  Leased  Other (Please explain):Click here to enter text. | | | | |

|  |  |  |
| --- | --- | --- |
| **Participant Information** | | |
| **Age or age range:**Click here to enter text. | **Estimated # of participants:**Click here to enter text. | **Number of Adult Supervisors:**Click here to enter text. |
| Names of Adult Supervisors:Click here to enter text. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Supervisor Information** | | | |
| Name:Click here to enter text. | | Title:Click here to enter text. | |
| Phone #:Click here to enter text. | Fax #:Click here to enter text. | | Email:Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Is this program Co-Sponsored by a non-University entity? Yes  No | | If yes, Provide the following:Click here to enter text. |
| Name of entity:Click here to enter text. | Contact Name:Click here to enter text. | |
| Contact Phone #:Click here to enter text. | Contact email:Click here to enter text. | |

|  |
| --- |
| List of Activities (include any and all free time activities scheduled) Attach additional pages if necessary:Click here to enter text. |

|  |  |
| --- | --- |
| Risk Management Use Only | |
| Reviewer Name: | Date Reviewed: |
| Event Approved: \_\_\_ Yes \_\_\_ No | If No provide Event denial form |
| Reviewer Signature: | |