 **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

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| Program Information |

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| **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. |

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| **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. |

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| **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. |

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| 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. |

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

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