



Registration Form for Programs with Minors

Date: _____

This form must be submitted at least
14 calendar days Prior to the event start date:

Please submit to:
Risk Management & Internal Control
Fax: 510-885-4908; email: jill.millican@csueastbay.edu

Program Information

Name of Program:		Department:
Location:		
Brief Description:		
Start Date:	End Date:	Total # of days:
Will there be any overnight stays? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide specifics:	
Will there be transportation provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide specifics:	
If yes; Is/Are vehicle/s <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Other (Please explain):		

Participant Information

Age or age range:	Estimated # of participants:	Number of Adult Supervisors:
Names of Adult Supervisors:		

Program Supervisor Information

Name:	Title:
Phone #:	Fax #:
Email:	

Is this program Co-Sponsored by a non-University entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Provide the following:
Name of entity:	Contact Name:
Contact Phone #:	Contact email:

List of Activities (include any and all free time activities scheduled) Attach additional pages if necessary:

Risk Management Use Only

Reviewer Name:	Date Reviewed:
Event Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No provide Event denial form
Reviewer Signature:	