

SAN ANTONIO DE PADUA CHURCH

EVENT APPROVAL FORM

Today's Date: _____

Name of Organization/Ministry Requesting Event: _____

Chairperson/Director: _____

Telephone Number: _____ Email address: _____

EVENT INFORMATION

Event: _____ One Day Event Overnight Event

Place of Event: _____

Address: _____ City: _____

Telephone Number: _____ Email address: _____

Contact: _____ Date of Event: _____ Time: _____

Number Attending Event: _____ Permission Slips Required (children event): Yes No

CHAPERONES

Chaperones Needed: Yes No Chaperone Ratio: ____ Adult for Every ____ children

NOTE: Ratio Maximum - 1 adult to every 10 children

All Chaperones: Fingerprinted: Yes No Safe Environment Trained: Yes No

Received Acknowledgement Page From Policy Against Sexual Misconduct Handbook: Yes No

TRANSPORTATION

Transportation Needed: Yes No If Yes, Method of Transportation:

Bus - Name of Bus Transportation Company _____

Address _____ City: _____

Telephone Number _____ Contact: _____

Adult driving on own to and from event

Parent(s) take & pick up own child to and from event

Parent(s) drive on behalf of organization/ministry to and from event

Pastor's Approval Yes No

Pastor's Signature

Date