

**Name of Program:** \_\_\_\_\_ **Program Administrator Name:** \_\_\_\_\_

**Please check whether this program is:**    **ONGOING**    **ONE-TIME OCCURRENCE**

**Program Description:** \_\_\_\_\_

**Program Date(s) and Location:**

*Start date:* \_\_\_\_\_ *End date:* \_\_\_\_\_

*Location:*    ON-CAMPUS  
                  OFF-CAMPUS

*If on-campus, which of the following will be used?*

OUTDOOR FIELDS	POOL	KULAS AUDITORIUM
INTRAMURAL GYM	RECREATION CENTER	DOLAN AUDITORIUM
VARSITY GYM	CLASSROOMS	OTHER: _____

*If off-campus, where will the activities take place?*

**Number of Participants by Age Group:**

- \_\_\_\_\_ 6 MONTHS – 5 YEARS
- \_\_\_\_\_ 6 YEARS – 8 YEARS
- \_\_\_\_\_ 9 YEARS – 14 YEARS
- \_\_\_\_\_ 15 YEARS – 17 YEARS

**Describe Minors' Activities in Program:** \_\_\_\_\_

**Overnight Stay?**

- YES
- NO

**Transportation Provided by JCU?**

- YES
- NO

**Please attach any administrative requirements (e.g. waiver, permission slip, emergency medical form)**

**Signatures:**

**JCU Department:** \_\_\_\_\_

**Program Administrator**

**Vice President / Dean**

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_