

ACTIVITY WITH MINORS EVENT FORM

1. Name and Dates of Activity:

2. Unit Hosting/Sponsoring Activity:

3. Contact Person Name, E-Mail, and Phone Number:

4. Activity Location and Number and Age Ranges of Participants:

5. Signature of Hosting/Sponsoring Unit Head: By signing this form, I hereby certify that I have reviewed the Policy on Activities Involving Minors and have fully complied with the requirements of that Policy, including but not limited to conducting the required background checks.

_____ Date: _____

6. Submit this form to:

Director of Public Safety
Department of Public Safety
705-A South Washington Street
Carbondale, IL 62910
618-453-3771 www.dps.siu.edu

DPS Review by:

_____ Date: _____