

**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

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

VENDOR

Vendor Needed: Yes No If yes, please complete:

Name of Vendor:

Address:

City:

Zip:

Phone Number:

Fax Number:

Contact:

Email:

Pastor's Approval: Yes No

Pastor's Signature

Date

