



EVENT DATE:	SECTION:
* REQUESTED BY:	* TITLE:
EVENT SUPERVISOR:	SECTIONAL REP:
* TELEPHONE:	APPROX. ATTENDENCE:
NATURE/DESCRIPTION/LOCATION OF EVENT:	
(A release form may be necessary for certain events/activities)	
Overnight event? Yes No	Will Minors (under 18) be involved? : Yes No
(A power of attorney for health care and parental consent form may be necessary for some involving minors)	
Names of Adult Staff/Chaperones/Workers:	
Have each of the above persons completed the "approved staff application"?	Yes No
Are there two references on file for each of the above persons?	Yes No
Have you included copies of these references with this application?	Yes No
Method of Transportation:	
Are all drivers properly licensed for vehicles being used?	Yes No
Are drivers managed by the Outpost/ Church?	Yes No
Does the facility you are using have adequate liability insurance?	Amount \$
Do you have a copy of the insurance certificate on file?	Yes No
Have you purchased additional / supplemental insurance?	

EVENT APPROVAL SIGNATURES

PRESBYTER	APPROVED:	DENIED:	DATE: / /
DEPT DIRECTOR	APPROVED:	DENIED:	DATE: / /
DIST OFFICER	APPROVED:	DENIED:	DATE: / /
SIGNED COPY RETURNED TO: NAME -			(SAME AS REQUESTED BY)
MAILING ADDRESS -			
CITY, STATE, ZIP CODE -			
E-MAIL ADDRESS-			
SECTIONAL REPS PHONE NUMBER:			

