

St. Mark's Lutheran Church of Olathe, Kansas, Inc.

OFF-SITE EVENT

Please Print (Black or Blue Ink)

Event: _____

Location: _____

Date(s): _____ Start Time: _____ End Time: _____

List the names of all Workers supervising the event:

_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Each supervising worker is required to have a current Child Protection Application [Appendix Forms A and D] on file with the Child Protection Director (church office)

List the names of all children and youth involved in the event:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How will transportation be provided for the event? _____

Will child protection/car seats be necessary? Yes No/

If so, indicate (x) above which children need seats.

NOTE: If church transportation to and from the event is necessary, a current Driver's Form for those persons driving must be on file with the Child Protection Director (church Office)

Date: _____

(Signature of Supervising Worker)

Office Use Only