

# Student Association At Binghamton University

## Approved Event Including Children Under 17 Post – Event Report Form

Any Student Association chartered or affiliated organization conducting an event on or off campus which will include participation by, or with children under the age of 17, are required to complete this form no later than 10 class days following the activity.

Today's Date: \_\_\_\_\_

Name of Person Submitting Form: \_\_\_\_\_

Submitter's Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Submitter's e-mail: \_\_\_\_\_

Name of Sponsoring SA Organization: \_\_\_\_\_

Name of Student Coordinating the Event: \_\_\_\_\_

Coordinator's Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Coordinator's e-mail: \_\_\_\_\_

### **BRIEFLY EVALUATE THE EVENT:**

Event Date(s): From: \_\_\_\_\_ to \_\_\_\_\_

Event Time (s): From: \_\_\_\_\_ to \_\_\_\_\_

Please provide a general evaluation of the event and specifically include a description of any problems that arose during the activity:

If this event was conducted in cooperation with, or under the sponsorship of another university department, an off campus agency, a school district or other entity please include the following information:

Name of additional sponsoring Organization: \_\_\_\_\_

Contact person's Name: \_\_\_\_\_

Contact Person's Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Contact Person's e-mail: \_\_\_\_\_

Location of Event:

How many children participated? \_\_\_\_\_ Ages \_\_\_\_\_

Were the children be accompanied and supervised by their parents, an agency professional, a teacher or other responsible person in addition to students during this event?

YES \_\_\_\_\_ NO \_\_\_\_\_ (Students are the only supervisors)

If YES, Describe:

Names and B-Numbers of all students who participated and were responsible for and/or directly interacted with children during this event: (Use additional sheets if necessary)

Full Legal Name

B-Number

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**OFFICE USE ONLY:**

Date Form Submitted: \_\_\_\_\_

Recommended follow up: