

Minors on Campus Program or Activity Registration

This form is to be filled out by the Program Director of any program that involves minors on campus or affiliated with Sacramento State.

Name of program			
Sponsoring department or auxiliary			
Dates and times of program			
Type of Program	<input type="checkbox"/> On-campus <input type="checkbox"/> Off-campus <input type="checkbox"/> In-residence program (minors staying on campus in student housing)		
Location(s) where program will be conducted			
Purpose and activities of the program			
Anticipated number of youth participants		Ages of youth participants	

Program Director:

Name		Title	
Office phone		Cell phone	

- Program Director has read and understood University Policy *Protection of Minors on Campus and in University Programs*.

Program Director Signature

List of Authorized Adults – page 2

