

Appendix 11

**Albany State University  
Youth Programs - Protection of Non-Student Minors  
Post Summary of Event**

Name of Program: \_\_\_\_\_

Is this an ASU administered program? \_\_\_\_\_yes \_\_\_\_\_no

If not, who is the authorized sponsor? \_\_\_\_\_

Program Administrator: \_\_\_\_\_

Number of Program Staff: \_\_\_\_\_

Names of Program Staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Background check completed on all staff (paid and voluntary) \_\_\_\_\_yes \_\_\_\_\_no  
If no, explain why.

Total Number of Participants: \_\_\_\_\_

Were minors participants? \_\_\_\_\_yes \_\_\_\_\_no

If minors participated---Number of minors \_\_\_\_\_ Non-Minor participants \_\_\_\_\_

Was overnight stay included in the program? \_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_  
Signature of Program Administrator Printed Name of Administrator Date

Completed document must be submitted to the ASU Interim Director of Auxiliary Services for maintaining information relative to camps/events held on the ASU campuses whether institution or third party sponsored at the conclusion of the event.

[Routing: Event Office at the conclusion of event.](#)

<p><b>FOR OFFICE USE ONLY:</b></p> <p>Received by Events Office: _____ Date: _____</p> <p style="text-align: center;"><i>Auxiliary Services Representative</i></p>
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