



**Youth Programs Serving Minors
Post Event Summary**

Name of Program: _____

Date of Program/Event: _____

Location: _____

Was this an ASU administered/sponsored program? _____yes _____no

If not, who is the authorized sponsor? _____

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 Executive Director of Auxiliary Services within ten (10) days of the conclusion of the event. Data is collected relative to camps/events held on the ASU campuses whether institution or third party sponsored for reporting purposes.