

# 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