



**NORTH PARK
UNIVERSITY**
CHICAGO

Registration of College Programs and Activities Involving Minors

Program Contact Name:

Department Name:

Department Head Name:

Office Extension:

Email Address:

Description of Activity/Program and Minors' Participation:

Dates of Activity/Program:

Age Range of Minors Participating:

Will Minors Stay Overnight?

Yes

No

Estimated Number of Minors Participating:

Position Title of Those Who Will Supervise or Accompany Minors:

Ratio of Supervisors to Minors:

Signatures

Department Head:

Vice President/Dean:

Please send the completed and signed form to Mark Plante (mplante@northpark.edu) at least thirty (30) days prior to the first scheduled date of participation by minors.