

**Albany State University  
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.