Request for Approval: Overnight Event

This form must be submitted at least six weeks in advance to the pastor, and is also available online at OYMNY.org, under “Guidelines and Policies.”

Parish name: ________________________________________________________________
Parish city: __________________________________________________________________________________________
Contact person: __________________________________________________             Phone: (  ) ____________________
Address: _________________________________________________________________   ZIP: ________________________
City: _________________________________________________________________   ZIP: ________________________
Type of overnight event (e.g. retreat, service trip): __________________________________________________________
Event dates: ______________________________________   Location: _________________________________________
What is the purpose of this event? _______________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
What activities will occur on this event? Please attach a schedule. _____________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
The participants are:  ❑  Male only       ❑  Female only       ❑  Male and female
What are the sleeping accommodations, and how are they compliant with Safe Environment/Youth Ministry policies?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
What are the bathroom/shower arrangements, and how are they compliant with Safe Environment/Youth Ministry policies?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
What is the adult/student ratio? _______________________ 
Have you ensured all adults are Safe Environment trained and background screened?    ❑  Yes    ❑  No
What type of transportation will be used? ________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
What type of training/preparation will be done for your adult leaders in advance? _________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Pastor signature: __________________________________________________________     Date: ____________________