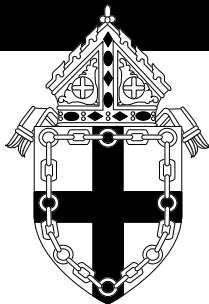


EVENT - TRIP AND FUNCTION REQUEST



Diocese of Fresno Risk Management

1550 North Fresno Street • Fresno, California 93703-3788

Telephone 559-488-7473 • Fax 559-488-7479

Email: riskform@dioceseoffresno.org

Request for Trips and Functions

NAME OF PARISH OR SCHOOL		TODAY'S DATE
ADDRESS		
CITY / STATE / ZIP		
TELEPHONE	FAX	
REQUESTED BY	EMAIL	
NAME OF EVENT OR FUNCTION		
GROUP OR GRADE	DATE(S) OF TRIP OR FUNCTION	
DESTINATION OF TRIP OR FUNCTION		
PURPOSE OF TRIP OR FUNCTION		
<i>CHECK DIOCESAN REQUIREMENTS ON RATIO OF CHAPERONES TO CHILDREN, NUMBER WILL VARY DEPENDING UPON THE AGE OF THE MINORS.</i>		
ESTIMATED NUMBER OF APPROVED ADULTS/CHAPERONES	ESTIMATED NUMBER OF CHILDREN / YOUTH	
ARE ALL ADULTS AND/OR CHAPERONES CLEARED BY SAFE ENVIRONMENT? (FINGERPRINT CLEARANCE, TRAINING, AND SIGNED CODE OF CONDUCT) <input type="checkbox"/> Yes <input type="checkbox"/> No		
IS THIS AN OVERNIGHT TRIP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME OF OVERNIGHT ACCOMMODATIONS		
ADDRESS		
CITY / STATE / ZIP	TELEPHONE NUMBER	
<i>NO OVERNIGHT STAYS IN PERSONAL RESIDENCE ARE ALLOWED</i>		
TYPE OR MODE OF TRANSPORTATION <ul style="list-style-type: none"> <input type="checkbox"/> Walking <input type="checkbox"/> Train or Local Bus (Call Risk Management) <input type="checkbox"/> Diocesan Approved Chartered Bus (Name of Company: _____) <input type="checkbox"/> Private Vehicles with Volunteer Drivers (No of Vehicles: _____ No. of Drivers: _____) <input type="checkbox"/> Local Area School Bus (District name: _____) <input type="checkbox"/> Parents Drop Off and Pick Up <input type="checkbox"/> Student's with Driver's License (transportation of self only) <p style="text-align: center;"><i>NO PASSENGER VANS CARRYING MORE THAN TEN (10) PASSENGERS ARE ALLOWED.</i></p>		

CONTINUE ON REVERSE AND COMPLETE BOTH SIDES OF FORM

EVENT - TRIP AND FUNCTION REQUEST (PAGE 2)

Request for Trips and Functions.

THE FOLLOWING ITEMS ARE CONSIDERED HIGH RISK ACTIVITIES. PLEASE INDICATE YES OR NO FOR EACH ITEM:

Will any of the following items be present at your event, activity, or field trip?

- Alcohol Yes No
- Bounce House Yes No
- Inflatable "anything" Yes No
- Carnival Rides Yes No
- Livestock Yes No
- Swimming Activities Yes No
- Dunk Tank Yes No

If **YES** to any of the above, call the Risk Management Office at 559-488-7473 for special approval and purchase of outside insurance coverage. *Must be 90 days prior to event.*

NAME OF PASTOR OR PRINCIPAL	SIGNATURE OF APPROVAL PASTOR OR PRINCIPAL
WILL A SPEAKER OR PRESENTER ADDRESS THE GROUP? <input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, NAME OF SPEAKER
TITLE OF SPEAKER	ORDER / DIOCESE / ORGANIZATION AFFILIATION
HAS THE SPEAKER BEEN APPROVED BY THE OFFICE OF MINISTRIES? <input type="checkbox"/> No <input type="checkbox"/> Yes	Please contact the Office of Ministries at 559-488-7474 for assistance regarding approval of speakers and presenters and appropriate forms .
ADMINISTRATIVE USE ONLY	
RISK MANAGEMENT <input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied	DATE

NOTES / SPECIAL NEEDS / COMMENTS: