

Approval Form for Activity/Event/Excursion – Appendix 363F

Please complete and return to the Office of the Chancellor at chancery@caedm.ca or fax 780.465.3003.

Type of Activity/Event/Excursion

- Parish** Name of Parish: _____
- Multi-Parish** Name of Parishes: _____
- Archdiocesan** Name of Office: _____
- Camp** Name of Camp: _____
- Other** Please Describe: _____

Start Date: _____ **Depart** _____ **End Date:** _____ **Return** _____
(dd/mmm/yyyy) AM PM (dd/mmm/yyyy) AM PM

Description

Purpose: _____

Details: _____

Location/Destination: _____
Costs: _____

Number of Participants : _____ **Number of Leaders Attending:** _____
Age Range of Participants : _____ **Number of 18+ Volunteer Chaperones Attending:** _____
Leaders and Volunteer Chaperones Screened:

Potential Risks: _____

Risk Reduction Strategies: _____

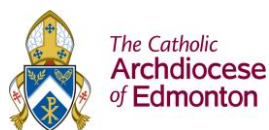
Method of Transportation: _____
Supplies/Equipment Needed: _____

Organizer: _____ **Contact No:** _____ **Email:** _____

Submitted on: _____
Date (dd/mmm/yyyy)

Authorized by: **Pastor** (Parish/Mult-Parish) **Name:** _____
 Director (archdiocesan Office or Camp) **Name:** _____

*** For archdiocesan activity/event/excursion outside of the Archdiocese with participants under 18	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Signature	Date (dd/mmm/yyyy)
<i>Nihil Obstat</i> <input type="checkbox"/> Archbishop <input type="checkbox"/> Moderator of the Curia <input type="checkbox"/> Chancellor	



The Catholic
Archdiocese
of Edmonton