

SEASPAR PROGRAM SUMMARY

PLEASE PRINT - This form is to be completed and submitted to SEASPAR immediately following the activity.

Program _____ Activity _____ Date _____

Facility/Location _____

Vehicle(s) Used: **Blue Wave** **Silver Streak** **Green Iguana** **Burgundy Bus**

Any schedule or activity deviations? Late/early/changes? Families notified in advance? Explain: _____

Overall program comments: _____

Team Sport Score(s) _____

Participants Absent	Expected?	Unexpected?	Comments

Participants Picked Up Late	How Late?	Comments

Submit form for those more than 15 minutes late.

Injuries/Incidents/Behaviors/Seizures: (Document those not severe enough to require separate reports.)

Staff Absent	Replaced by	Unexpected Absence

Staffing notes/comments/concerns: _____

Any follow-up calls/actions required? _____

Other: _____

Returned: **Phone** **Keys** **Credit Card** **Money** **Receipts**

Total Cash Spent: _____ Total Credit Card: _____

Submitted by: _____ Date: _____

Please print

SUMMARY MAY BE FAXED TO SEASPAR AT 630/960-7601.