

SEASPAR PROGRAM SUMMARY

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

Program _____ Activity _____ Date _____

Facility/Location _____

Vehicle(s) Used: B2 Louise Newman Ruby Simba Sparty Taylor Thelma Violet Yoshi

Did you refuel the vehicle? _____ Number of Gallons _____ Pump Location _____

Any schedule/facility/vehicle/activity deviations or changes? _____

Participants Absent	Expected?	Unexpected?	Comments

Additional documentation being submitted due to incidents at the program:

- Accident/Incident Form
 Behavior Report
 Seizure Report

Were any participants picked up 15 minutes late or more? List name(s) and time(s) of pickup. _____

Were any staff absent or late? Only list unexpected absences or tardiness. _____

Recommendations/suggestions/comments/concerns: _____

Total Cash Spent _____ Total Credit Card _____

Submitted by _____ Date _____

Please print

Additional Follow-up Needed Office use – Initial & date once follow-up is complete:

- | | |
|---|--|
| <input type="checkbox"/> Athletics Coordinator _____ | <input type="checkbox"/> HR Manager _____ |
| <input type="checkbox"/> Youth Coordinator _____ | <input type="checkbox"/> Day Program Manager _____ |
| <input type="checkbox"/> T & A Program Coordinator _____ | <input type="checkbox"/> Inclusion Manager _____ |
| <input type="checkbox"/> T & A Special Events Coordinator _____ | <input type="checkbox"/> Superintendent of Admin _____ |