University of Kansas Youth Programs, Activity, or Camp Registration Form
(Understanding Sponsored or University Affiliated Programs)

If you prefer NOT to have information about your program accessible from this website, please check here: □

Program Name: ____________________________________________________________

This program is: □ University Sponsored □ University Affiliated

Sponsoring or Affiliated KU Department / Unit: ________________________________

Program Description: ______________________________________________________

Program location(s) (Name of the KU facilities / buildings or other venues): ________________

Vehicle Use: Will this youth program require the use of a university or contracted vehicle to transport youth?
□ Yes □ No

Web Site Address: __________________________________________________________

Targeted Age Groups: *(Select all that apply)
□ Grades: K-2nd □ 3rd-5th □ 6th-8th □ 9th-12th

Topic Categories: *(Select all that apply)
□ Art, Drama, Music □ Business □ College Preparation □ Computers
□ Engineering □ Leadership □ Math & Science □ Sports & Fitness
□ Writing & Language □ Talented & Gifted □ Other
Detailed program information - If category does not apply, please indicate with “N/A”:

Program Begin Date: __________________________ Program End Date: __________________________

Web publication Start Date: ________________ Web publication End Date: ______________________

Estimated number of youth participants: __________ Estimated number of youth program staff: ______

Program Leader (must be KU faculty or staff):

First Name: __________________________ Last Name: __________________________

Office Phone: __________________________ Emergency Phone (cell): __________________________

Email Address: __________________________

Campus Address: ______________________________________________________________________

Program Administrative Information (for administrative use only):

University Account number(s) used for financial transactions: ______________________________________

The undersigned individuals give approval for this Youth Program, Activity or Camp

Program Leader:

Print __________________________________ Signature________________________________________ Date____________________

Department Chair / Unit Director:

Print __________________________________ Signature________________________________________ Date____________________

Dean/Vice Provost (or designee):

Print __________________________________ Signature________________________________________ Date____________________

Send completed form to the “OFFICE OF PUBLIC AFFAIRS – UNIVERSITY CEREMONIES & SPECIAL EVENTS”

Email: youthprograms@ku.edu Fax: 785-864-4120

Mail: The University of Kansas
    University Ceremonies and Special Events
    Office of Public Affairs
    Strong Hall
    1450 Jayhawk Blvd., Room 230
    Lawrence, KS 66045