

Key Contact Information

## AD.1.12.2 Youth Activities on Campus Schedule C Internal Notification Form

Please complete all sections of this form in full detail. All sections are mandatory. Incomplete inquiry forms may result in a delay in receiving a response from the Youth Initiatives Office.

School or Department:	
Key Contact First Name:	
Key Contact Last Name:	
Title/Role:	
Telephone: Email:	
Is your supervisor aware of your interest in this youth activity?	Yes No
Supervisor Name:	



## 1. Outline of Proposed Youth

Description of proposed youth activity:	



How does yo Initiatives?	ur youth activ	ity align with	the mandate	e/goals of SAI	T or SAIT's You	ıth
Vhat are the	outcomes yo	u are looking	to achieve fro	om the youth	activity?	



What role/input do you require from SAIT?
2. Activity Details
Proposed/desired start date: End date:
Are these dates flexible? Yes No
Number of youth participants:
Age of youth participants:
Number of adults who will provide supervision during the youth activity:
Has this youth activity ever been done by SAIT before? Yes No



Please provide information about the space/facilities requirements for this youth activit
3. Budget Summary
Please provide a breakdown of the estimated costs for this youth activity:
How will costs for this youth activity be covered?



## 4. Risk Management

What risks may be associated with this project/program/event for participants or SAIT?
How will these risks be managed and mitigated?
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Any other comments or information you would like to add:					

Please email your completed inquiry form and any additional proposal documents to: <a href="mailto:youth.programs@sait.ca">youth.programs@sait.ca</a>