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.

Key Contact Information

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 Activity

Description of proposed youth activity:
How does your youth activity align with the mandate/goals of SAIT or SAIT’s Youth Initiatives?

What are the outcomes you are looking to achieve from 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 activity:

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?
Any other comments or information you would like to add:

Please email your completed inquiry form and any additional proposal documents to: youth.programs@sait.ca