

Risk Management Notification Form

Bronx Seventh-Day Adventist Church

Department(s) _____

Director/Contact Person (s) _____

Phone #s. _____

Destination/Event _____

Sponsored by: ____Church ____Local Conference ____NAD/GC ____ Other

Dates of event: Begin _____ End: _____

Depart from: _____

Transportation method: Public Tran.: Bus Train Plane Rental

Private Transportation:

Drivers: _____

Persons attending: _____

Date Church Board/Pastor approved outing: _____

Signature _____ Date _____