

Activity Participation Form (Form #14)

Name of event or activity: _____

Date of event or activity: _____ Time(s): _____

Location of event or activity: _____

Bethel employees/volunteers:

Number and names of participants (list names on the reverse of this form): _____

Was there any significant event or incident that occurred during this event? Yes___ No__:

If yes, please describe below:

Event or activity leader signature Date
