

Youth Protection Event Intake Form

Name of Program: _____
Place of Business Address: _____
Contact: _____
Phone Number of Business Contact: _____
E-Mail Address: _____
Babson Contact: _____
Program Date/Start and End Date: _____

Estimated Number of Overnight Attendees: _____
Estimated Number of Daily Attendees: _____
Estimated Number of Virtual Attendees: _____
Number of On-Site Staff: _____
Average Age of Attendees: _____
Event Sponsor: _____

International or Domestic: _____
Relationship to Babson: _____
Audience Type: _____
Event Charge for attendees: _____

Certificate of Insurance: Yes No
Medical Supervision: _____

Residence Hall:
 AC or Non-AC: _____
 Traditional or suite style: _____

Classrooms:
 # of Classrooms or Virtual Space Needed: _____
 Largest Room or Virtual Space Needed: _____
 Number of Break-out Rooms or Virtual B/O space Needed: _____
 Classrooms start and End Time: _____
 Type of set-up needed Live or Virtual Space: _____

Classroom or Virtual Space AV Needs: _____

BABSON COLLEGE

Intake Date

For Office of Youth Protection Use Only

Additional Set-up:

Registration: _____

Catering: _____

General Facilities Needs and Set-ups: _____

Athletic Facility:

Type of Need: _____

Number of Expected Participants: _____

Additional Requirements

Dining Hall: _____

Catering: _____

Parking: _____

Campus Vehicles: _____

Transportation: _____

General Comments/Event Description (Reason for Babson to Host the event):