



The USO has established a centralized database to track programs that are sponsored by or overseen by the USO including sports camps, after school programs, clinics, and other programs. Please complete the below form and provide 24-hour contact information for verification of compliance with Policy for Registration. All programs must be registered, whether they are...

Completed forms should be forwarded to...

Please provide beginning and ending dates...

From: _____ To: _____

4. Where will the program and activities take place? Please provide details below to include location, field trip or excursion details that will be taken and whether the facility and needed equipment have been reserved.

1. Name of the employee who has primary responsibility for program oversight?

Name:

Title:

Department:

Email Address:

Emergency Contact E μ u OE W

2. Is the program sponsor a member of the program oversight committee? Yes No

Yes

No

Signature of Program Sponsor _____ Date _____

CERTIFICATION FOR AUTHORIZING PARTY: