MDHS/DYS Training School
Oakley and Columbia Campuses
Extra Curricular Off Campus Activity/Event Authorization Form – VII.7.C

Requesting Staff Person _____

Date of Requested Activity _____ Expected Time of Departure _____

Note: Attach appropriate documentation

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1. **Destination:** Name of Location _____

Street Address _____

_____

Contact Person _____ Phone # _____

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2. **Youth in Attendance:**

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

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3. **Purpose:**

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4. **Authorization:**

_____ _____

Facility Administrator Date Division Director Date