



First Evangelical Church of San Gabriel Valley

聖迦米羅省基督教會

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Outing Report Form (Final)

PURPOSE: For ministry coordination and management purposes, each small group/fellowship should fill out this form, to be approved and signed by the Congregational Pastor or his/her designee, and submit it to the church admin. office at least five (5) working days prior to any **OUTING activities outside the church's campus**. This does not include regular/weekly small group/fellowship meetings at home or at places outside the church campus with the awareness of the Congregational Pastor or his/her designee.

ACCIDENT INSURANCE COVERAGE: Our church's Accident Insurance Coverage covers our regular scheduled activities **BUT** does not include high hazard activities (such as: bouncy jumping, diving, skiing, sky diving, zip lining, rafting etc.). If you need assistance to get a quote or enroll for extra coverage for your group's outing activities, please contact the church admin. office at least five (5) working days before your activities start. Failure to: (a) submit an **APPROVED** "Outing Reporting Form" to the church admin. office, and (b) enroll for extra coverage for high hazard activities, will result in your bearing the full responsibilities if accident occurs.

Person-In-Charge of Outing Activities		
Name: _____ / _____ Applicant's Name / Small Group/Fellowship/Children Ministry		<input type="checkbox"/> MC (Mandarin) <input type="checkbox"/> CC (Cantonese) <input type="checkbox"/> CN (Connections) <input type="checkbox"/> CIA (Youth) <input type="checkbox"/> CM (Children Ministry)
Cell : _____ E-Mail: _____		
Outing Activities		
Destination/Location: _____	Duration: _____ days Start: _____ (mm/dd/yy) End: _____ (mm/dd/yy)	
Total Number of Participants: _____ Number of Adults: _____ Number of Minors*: _____ * Age 18 and under MUST submit a "LIABILITY RELEASE FORM" signed by parent and/or legal guardian.	Transportation: <input type="checkbox"/> church vehicles <input type="checkbox"/> vehicles owned by driver , Driver covered with insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> rental car, Driver covered with insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Activities: _____ _____		
Approval		
Small Gp/Fellowship/CM Leader Name: _____	Signature: _____	Date: _____ (mm/dd/yy)
Congregational Pastor/ designee Name: _____	Signature: _____	Date: _____ (mm/dd/yy)
For Church Admin. Office Use		
Received by: Name: _____	Signature: _____	Date: _____ (mm/dd/yy)
Extra Accident Insurance Coverage <input type="checkbox"/> Quote for ins. <input type="checkbox"/> Self arranged	Signature: _____	Date: _____ (mm/dd/yy)