BIAC Event Form

ACTIVITY:

PURPOSE AND VISION:

DATES:

TIME:

LOCATION:

TARGET ATTENDEES:

|  |  |  |
| --- | --- | --- |
| Task | Completed |  Notes  |
| Event Lead Coordinator (name in notes with phone number)? |  |  |
| Safety Plan? Description of safety risks and measures. All participants must have signed waivers. |  |  |
| Logistics Document in place? Dates, Times, Cost Structure, Compensation Structure, Numbers of Coaches and Attendees, BIAC Assets or Equipment Needed |  |  |
| Financial analysis completed to ensure program will have neutral or positive cash flow? Submit supporting calculations/ documents |  |  |
| CVs and references (2 each) provided for each potential contractor not already under contract with BIAC |  |  |
| If applicable, proposed contracts or contract terms submitted to board along with justification? |  |  |
| Proposal appropriately reviewed prior to submission to board? |  |  |
| Appropriate comments and input received and sent to board? |  |  |
| Person responsible for tracking and balancing income and expenses?(Name and contact info) |  |  |
| Advertising plans? |  |  |
| Permits |  |  |

**SAFETY PLAN**

|  |  |
| --- | --- |
| Safety officer(s) Name and phone |  |
| Number of available CPR/First Aid Certified Coaches/Monitors |  |
| Collection of Waivers |  |
| Name and location of closest ER/Trauma Hospital  | **ER/Trauma** Stanford Hospital 900 Quarry Road, Stanford University, Palo Alto, CA **ER – Only**Sequoia Hospital170 Alameda De Las Pulgas, Redwood CityKaiser Permanente1150 Veterans Blvd, Redwood City |
| Safety equipment listed, inspected and in place (example: rescue lines, life vests, lights, first aid kits, launches, etc.) | Life Vests, First Aid Kit all kept in the launch with the coach. First Aid Kit in Boathouse. |