## Form 5. Post-activity report

This form is to be completed for recurring, major off-campus activities of more than one week in duration.

**Person who is submitting the report**

**Activity coordinator** [ ]  **Activity leader** [ ]

**Name**: Click here to enter text.

**E-mail**: Click here to enter text.

**Telephone**: Click here to enter text.

**Nature of activity**

Choose an item.

**For an academic activity, please indicate the course number and title**: Click here to enter text.

**For an athletics activity, please indicate the team**: Click here to enter text.

**Activity name**: Click here to enter text.

**Please identify best practices that contributed to the safe, smooth execution of this activity**.

Click here to enter text.

**Please identify elements of the activity that should be changed in the future. What changes do you recommend?**

Click here to enter text.

**Additional comments**:

Click here to enter text.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: Click here to enter text.