Summer Programs PRIOR ARRIVAL FORM

(This form due <u>30 business day</u>prior to your camp's campus arrival. It can be sent to the Office of University Events & Conferences).

Program Name:

Dates of Program

ProgramCoordinator:

Program Coordinator Phone #:

HOUSING COUNT

RESIDENCE HALL BEDS # of Residence Hall beds for female campers: # of Residence Hall beds for male campers:

#_____

FOOD SERVICE

Date:	_ Time	_ B'fast Lunch Dinner
Date:	_ Time	_ B'fast Lunch Dinner
Date:		_ B'fast Lunch Dinner
Date:	_ Time	_ B'fast Lunch Dinner
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MEDIA SERVICE S

Sound Mic TV/DVD Room: _____ Date: ____ Time: _____ Projector Computer Sound Mic TV/DVD

Will your group be using a computer lab?Yes No

INTERNAL CAMPS, Please Note: Filling out the Media Services portion of this form does *not* guarantee that your requested equipment and/or service will be available. To ensure that the requested equipment and/or service is available and prepared for you, please fill out a Media Services Request by licking here, or contact the Office of University Events & Conferences with questions or concerns.

FACILITES SET -UP Request for tables and chairs.				
Room:	Date:	_ Time:		
Needs:				
Room:	Date:	_ Time:		
Needs:				
Room:	Date:	_Time:		
Needs:				

<u>Please Notefilling out the Facilities Set-Up portion of this form does *not* guarantee that your requested equipment will be available. To ensure that the requested equipment is available and prepared for you, please fill out a setup form for the respective spaceQunham Theater, Belin</u>

Group Name: _____