Angelo State University

2014 Camp & Conference Reservation Request Form
PH (325) 942-2021
Fax (325) 942-2229

This completed form must be returned by March 10, 2014

1. Name of Group _____
2. Camp Dates _____
3. Proof of Liability Insurance Coverage Included _____
4. Hall Assigned (All Hall Assignments will be made by ASU Housing Director) _____
5. Date of Group Arrival to Hall _____ Time of Arrival to Hall for Check-In _____
6. Date of Departure from Hall _____ Time of Departure from Hall _____
7. Date & Time of Early Arrivals (Counselors) to Hall _____ Number of Arrivals _____
8. Estimated total number of students, including commuters _____ Female _____ Male _____
9. Estimated total number **who will be staying in the Hall** _____ Female _____ Male _____

   (*Bed guarantee will be expected no later than 10 days prior to your arrival on campus, fee based on guarantee*)
10. Estimated total number of Counselors staying in the Hall _____ Female _____ Male _____
11. Estimated number of Single Occupancy rooms required _____ (Private rooms $27.50/night)
12. Group to consist of: Jr. High _____ High School _____ College-Age Adults _____
13. Estimated number of *"Commuters"* not spending the night in the Halls _____ (facilities use fee $7.65/day)
14. Total number of Meal Passes requested _____
15. Cafeteria service for camp should begin on Date _____

    Circle First Meal: B L D
16. Cafeteria service for camp should end on Date _____

    Circle Last Meal: B L D

Standard Service Time		Expected Meal Times in Cafeteria
Breakfast	7:00-9:00 a.m. (Sunday 8-9 a.m.)	Breakfast _____
Lunch	11:00-1:00 p.m.	Lunch _____
Dinner	4:00-6:00 p.m. (Sunday in UC only)	Dinner _____

17. Will you have special catering needs for your camp/conference? _____
    (Make arrangements through Food Service Catering at (325) 942-2124 no later than 10 days prior to arrival)
18. Will you have a Special Banquet Dinner (Prearranged with Food Service)? _____
19. If so, Date: _____ Time: _____
20. Parking Needed: Number of Cars _____ Number of Buses _____
21. Reserve Swimming Pool in CHP: Dates _____ Time _____ (additional charges for lifeguards)
22. Will group be selling merchandise on campus? _____What? _____
    (20% commission collected by ASU for on-campus sales)
23. Is the primary purpose of your camp/conference educational? _____
24. Are ASU faculty/staff involved in the educational event? (This may include registration, hosting, check-ins, etc.) If so, please specify in what capacity:_____
25. Is the party hosting the camp/conference a charitable or nonprofit organization?_____

26. Information Required:

Contact Person: _____ Home Phone: _____

Daytime Phone: _____

Camp Director: _____ Home Phone: _____

Daytime Phone: _____

Billing Address: _____ASU IDT# _____

E-Mail Address: _____ Fax Number _____

Authorized Signature _____

Reservation Deposit: _____ Beds @ $26.00 per person per day for _____ days = $_____

A Non-Refundable Deposit of 25% Required on Beds Reserved _____x 25%

Deposit Amount: _____

Please note the above Deposit Amount is for your information only, and due with contract.

This document is a request and is considered in the order in which it was received based upon space availability. All requests are subject to approval upon receipt.

If space is available, Special Events will place your reservation in our system as a Hold and send you via postal mail the Rental Contract. At that point, to change your reservation to a Confirmed event, please return the Waiver and Liability Release and Facilities Use Agreement signed, along with your non-refundable deposit and certificate of liability insurance. More information is provided in the packet you will receive. Reservations are not complete and space is not guaranteed until customer receives confirmation from the Special Events Office.

For facilities request questions or concerns, please feel free to contact Jennifer Thomas by phone or email at: (325) 942-2021 or jennifer.thomas@angelo.edu.