

Angelo State University
2018 Camp & Conference Reservation Request Form
(325) 942-2021
Fax (325) 942-2229
reservations@angelo.edu

This completed form must be returned by March 10, 2018

Name of Group

Camp Dates Requested

Hall preference (All hall assignments will be made by ASU Housing Director)

Date of group arrival to hall

Time of arrival to hall for Check-in

Date of group departure from hall

Time of departure from hall for Check-out

Date & time of early arrivals (Counselors) to hall

Number of early arrivals

Estimated total number of participants, including
commuters

Number of Males/Females

Estimated total number of participants who will be
staying in the hall?

Number of Males/Females

Estimated total number of Counselors/Staff
staying in the hall?

Number of Males/Females

Estimated total number of single occupancy rooms
required? (Private rooms \$30/night)

Estimated total number of linen packets
that ASU housing needs to provide.

Group consists of:

Jr. High

High School

College age/adults

Estimated number of commuters not spending the night in the halls? (Facility use fee of \$8.70/day applies)

Total number of meeting rooms/breakout spaces needed?

Will audio/visual support be needed in any meeting spaces? If so, how many?

Are there any spaces that will require a special setup or turnover between planned events?

Total number of meal passes requested?

Cafeteria service for camp should begin on:

Camp first meal:

Breakfast

Lunch

Dinner

Cafeteria service for camp should end on:

Camp last meal:

Breakfast

Lunch

Dinner

Standard Service Time for the Cafeteria:

Breakfast 7:00 a.m. - 9:00 a.m. (Sunday 8:00 a.m. - 9:00 a.m)

Lunch 11:00 a.m. - 1:00 p.m.

Dinner 4:00 p.m. - 6:00 p.m.

Expected meal times for:

Breakfast Lunch Dinner

Will you have any special catering needs for your camp/conference?

Yes

No

Please note that all specialty catering arrangements should be made through Food Service Catering at (325) 942-2124 no later than 10 days prior to arrival.

Will you have a Special Banquet Dinner (Prearranged with Food Service)?

If yes, Date/ Time?

Yes

No

Will vehicles be parking on campus?

If yes, what kind?

Yes

Personal vehicles

No

Camp/company vehicles

Buses

During your camp will you want to utilize any of the below? (Please note that these services can incur additional charges.)

Indoor Swimming Pool

Climbing Wall/Gym

Recreation facility

Will your group be selling merchandise on campus?

Yes

No

If yes, please explain what items will be sold? (20% commission collected by ASU for on-campus sales)

Is the primary purpose of your camp/conference educational?

Yes

No

Are ASU faculty/staff involved in the event?

Yes

No

If yes, in what capacity?

Is the party hosting the camp/conference a charitable or nonprofit organization?

Yes

No

Contact Person

Primary Phone

Camp Director

Primary Phone

Billing Address

Email Address

Fax Number

By checking the below box, you are certifying that you have read and understand the below information.

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 The ASU Reservation Team by phone or email at: (325) 942-2021 or reservations@angelo.edu.

I understand

I do not understand

In order to calculate your deposit, please use the below formula to calculate the amount that will be due prior to your camp.

Reservation Deposit: ____ Beds @ \$27.50 per person per day for ____ days = \$_____

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

Deposit Amount: _____

Number of Beds	Multiply by \$27.50	Multiply by number of days	Multiply by 25%
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Total Deposit Due:

Please send completed request form directly to
reservations@angelo.edu or by postal mail to:

Angelo State University
ASU Station #11018
San Angelo, TX 76909-1018