



Residence Life

Conference Services
3510 Faunce Student Services Bldg.
Kalamazoo, MI 49008-5312
Phone: (269) 387-2177
FAX: (269) 387-4786

Summer Camp & Conference Application

Please complete, sign and return this form to the above address,
to confirm your request for your summer camp program.
For multiple programs or sessions, each session requires a separate form.

Program Information

Program/Organization Title: _____
Contact Name: _____
Phone #(_____) _____ Fax #(_____) _____ Cell #(_____) _____
Address: _____
City/State: _____ Zip: _____ E-mail: _____
Tax Exempt: Yes No (If yes, please send a copy of "tax exempt certificate")
WMU billing *only*: Fund _____ Cost Center _____

Dates of Conference

- A representative of the camp *must be present* at check-in and check-out.
- For staffing purposes, we require that check-in/out be limited to two hours.

Check-IN: Day/date _____ time _____ AM or PM
Check-OUT: Day/date _____ time _____ AM or PM
Total # night's stay: _____

If **Staff/Chaperones** will arrive at a different time, please indicate below:

Check-IN: Day/date _____ time _____ AM or PM
Check-OUT: Day/date _____ time _____ AM or PM
Total # night's stay: _____

Group & Occupancy Information

- Ratio of staff/chaperones to campers is 1:10. Campers must be supervised at all times.
- Blankets are not provided. Linen packet & pillows *are* provided, *unless* indicated below.

No. Participants: _____ No. of Staff/Chaperones: _____ TOTAL: _____
Total Housing: males _____ females _____ Age group of Participants: _____
Participants Occupancy: double single
Staff/Chaperone Occupancy: double single
Group *does not need* (check box): pillows linen packet

Room assignments are generally made by WMU conference staff. However, if it's essential your group make room assignments, please indicate reason here:

Additional Space Needed

Please note there is limited space in the residence halls. If you need classroom or additional meeting space, or requests for other buildings on campus, please list them below and we will do our best to accommodate you. If we can not accommodate you, we will send the necessary contact information to assist in setting up those arrangements.

Need classroom type or additional meeting space Yes No

Explain, include dates/times: _____

Other special requests, explain: _____

Additional Information

- There are no guarantees on which halls a group will be assigned to due to the variation in estimated attendance and actual arrivals.
- During check-in each group will be required to sign a "Policies and Procedures" form.
- Conferences and dining services must know three weeks in advance of your camps arrival, the number of participants, or as close to an accurate count as possible, for food ordering purposes.
- If handicap accessible accommodations are needed, please contact the Conference Coordinator as soon as possible in order for appropriate arrangements can be made.

Authorized Representative:

_____ Date _____
Print Name

_____ Title _____
Signature

Phone # (_____) _____

Please return this form to the address listed in the top-right corner of page 1.