Application for SRSU Non-Affiliated Summer Camps

Camp Name ___________________________  Sponsoring Individual or Organization ________________________________

Contact Information:
Camp Contact
This individual should be informed about the details of the camp and able to make decisions regarding this camp, they will be listed on the camp agreement.

Contact Person _________________________  Contact Ph. # ___________________  Email _______________________

Proposed Camp Information:

Brief description of the camps purpose and proposed activities.

Day Camp (camp participants do not stay overnight on-campus) ☐  Overnight Camp ☐

Estimated Number of Campers _________  Ages of Campers _____________  Number of Staff _____________

Camp Website Address ____________________________

Camp Dates and Times
Staff Arrival/Check-in,  Date _____ Time _________
Camp Participants Arrival/Check-in,  Date _____ Time _________
Camp Participants Departure/Check-out,  Date _____ Time _________
Staff Departure/Check-out,  Date _____ Time _________

Facilities/Rooms Needed
(if unsure of actual room or facility, describe the type of space required. For example classroom that seats 30.)

Facility/Room ___________________________  Date _____  Capacity _____  Room Access Open Time _________  End Time _________
Facility/Room ___________________________  Date _____  Capacity _____  Room Access Open Time _________  End Time _________
Facility/Room ___________________________  Date _____  Capacity _____  Room Access Open Time _________  End Time _________
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Notes:
__________________________________________________________________________________________

Upon initial consideration of this application SRSU may require more detailed information including camp schedules and requirements which may require some back and forth revisions to fit the camp to available SRSU resources such as facility/room availability. Once resource needs and availability have been verified a camp agreement will be prepared and presented to the camp.

Camp Sponsor Signature ___________________________  Date ________________