

**Angelo State University**  
**2012 Camp & Conference Reservation Contract**  
PH (325) 942-2021  
Fax (325) 942-2229

**This completed form must be returned by March 2, 2012**

1. Name of Group \_\_\_\_\_
  2. Camp Dates \_\_\_\_\_
  3. Proof of Liability Insurance Coverage Included \_\_\_\_\_
  4. Hall Assigned (All Hall Assignments will be made by Residence Life 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 \$7.50/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 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 @ \$24.75 per person per day for \_\_\_\_\_ days = \$ \_\_\_\_\_

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

**Deposit Amount:** \_\_\_\_\_

**Return Completed Form, Deposit, & Insurance Certificate to:**

**Special Events Office  
Attn: Shayna Lopez, Scheduling Coordinator  
ASU Station #11018  
San Angelo, Texas 76909**

**OR  
Fax to: (325) 942-2229**