

**Angelo State University**  
**2010 Camp & Conference Reservation Contract**  
**(325) 942-2021**

**This completed form must be returned by March 12, 2010**

1. Name of Group \_\_\_\_\_
  2. Camp Dates \_\_\_\_\_ Proof of Liability Insurance Coverage \_\_\_\_\_
  3. Hall Assigned (All Hall Assignments will be made by Residence Life Director) \_\_\_\_\_
  4. Date of Group Arrival to Hall \_\_\_\_\_ Time of Arrival to Hall for Check-In \_\_\_\_\_
  5. Date of Departure from Hall \_\_\_\_\_ Time of Departure from Hall \_\_\_\_\_
  6. Date & Time of Early Arrivals (Counselors) to Hall \_\_\_\_\_ Number of Arrivals \_\_\_\_\_
  7. Estimated total number of students, including commuters \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_
  8. 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)
  9. Estimated total number of Counselors staying in the Hall \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_
  10. Estimated number of Single Occupancy rooms required \_\_\_\_\_ (Private rooms \$27.50/night)
  11. Group to consist of: Jr. High \_\_\_\_\_ High School \_\_\_\_\_ College-Age Adults \_\_\_\_\_
  12. Estimated number of "Commuters" not spending the night in the Halls \_\_\_\_\_ (facilities use fee \$6.85/day)
  13. Total number of Meal Passes requested \_\_\_\_\_
  14. Cafeteria service for camp should begin on Date \_\_\_\_\_ Circle First Meal: B L D
  15. 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 _____                     |
16. Special Banquet Dinner (Prearranged with Food Service) Date: \_\_\_\_\_ Time: \_\_\_\_\_
  17. Parking Needed: Number of Cars \_\_\_\_\_ Number of Buses \_\_\_\_\_
  18. Reserve Swimming Pool in CHP: Dates \_\_\_\_\_ Time \_\_\_\_\_ (additional charges for lifeguards)
  19. Will group be selling merchandise on campus? \_\_\_\_\_ What? \_\_\_\_\_  
(20% commission on on-campus sales)

20. Information Required: Authorized Signature \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_

**Camp Director:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ ASU IDT# \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ Fax Number \_\_\_\_\_

**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**