Angelo State University 2023 Camp & Conference Reservation Request Form (325) 942-2021 Fax (325) 942-2229 reservations@angelo.edu

This completed form must be returned by May 1, 2023

Camp Dates Requested	
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Hall preference (All hall assignments will be made by ASL	J 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
on muters	
Estimated total number of participants who will be	Number of Males/Females
staying in the hall?	
Estimated total number of Counselors/Staff staying in the hall?	Number of Males/Females
stimated total number of single occupancy	Estimated total number of linen packets
ooms required? (Private rooms \$35.75/night)	that ASU housing needs to provide.

Estimated number of commuters not spending the night in	the halls? (Facility use fee of \$9.15/day applies)
Total number of meeting rooms/breakout spaces needed?	
Will audio/visual support be needed in any meeting spaces	s? If so, how many?
Are there any spaces that will require a special setup or tur	nover between planned events?
Total number of meal passes requested?	
Total number of mear passes requested:	
Food service for camp should begin on:	Camp first meal:
	Breakfast
	Lunch
	Dinner
Food service for camp should end on:	Camp last meal:
	Breakfast
	Lunch
	Dinner
Standard Service Times:	
Breakfast 7:00 a.m 9:00 a.m. (Sunday 8:00 a.m 9:0 Lunch 11:00 a.m 1:00 p.m.	0 a.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/cor	nference?
Yes	
No	
Please note that all specialty catering arrangements shat (325) 942-2124 no later than 10 days prior to arrival.	nould be made through Food Service Catering
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/G	ym 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.

• • •	tions or concerns, please fee or <u>reservations@angelo.edu.</u>	el free to contact The ASU Reservation	Team by phone or
☐ I understand			
I do not understand			
In order to calculate your camp.	deposit, please use the below	พ formula to calculate the amount that ง	will be due prior to you
Reservation Deposit:	Beds @ \$33.00 per perso	n per day fordays = \$	
ANon	-Refundable Deposit of 25%	Required on Beds Reserved <u>x 25%</u> Deposit <u>Amount:</u>	
Number of Beds	Multiply by \$33.00	Multiply by number of days	Multiply by 25%
Total Deposit Due:			

Please send completed request form directly to <u>reservations@angelo.edu</u> or by postal mail to

Angelo State University ASU Station #11018 San Angelo, TX76909-1018