SFASU Auxiliary Services Reservation Contract

Camp/Conference Reservation Contract
Between Stephen F. Austin State University and _________________________________Dept.
Phone (936)-468-3400
(This completed form must be returned by FEBRUARY 1)

1. Sponsoring Department_________________________________________Dept. Head__________________________________
2. Name of Group_______________________________________________Courses for SFA credit____ or CEU___________
3. Camp Dates____________________to_______________________Insurance needed for dates______________to____________

4. Hall Requested:______________________________________________Hall Assigned_________________________________
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 of early arrivals (counselors) to Hall________________________ Number of early arrivals (counselors)________________
8. Est total number of students, including day campers________________ Female_________ Male______________
9. Est total number who will be staying in the Hall__________________ Female_________ Male______________
10. Est total number of counselors staying in the Hall__________________ Female_________ Male______________
11. Est number of single occupancy rooms required______________________
12. Group to consist of: Jr High_______________________ High School__________________ College age Adults___________
13. Est number of "day campers" not spending the night in halls to be insured____________________

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

<table>
<thead>
<tr>
<th>Standard Service Times</th>
<th>Expected Meal Times in Cafeteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast 7:00-9:00 (Sunday 8am-9am)</td>
<td>Breakfast ______________________</td>
</tr>
<tr>
<td>Lunch 11:00-1:00</td>
<td>Lunch ______________________</td>
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<tr>
<td>Dinner 4:00-6:00 (No Sunday Dinner)</td>
<td>Dinner ______________________</td>
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17. Meals not to be eaten in Cafeteria: Dates_________________________ Meal: B L D
   (there will be a 75% charge if Reservations is not notified of missed meal )
18. Special Sunday dinner (prearranged with Food Service) Date:____________________ Time____________________
19. Parking Tickets needed: Number of cars___________________________ Number of Buses________________________
20. Reserve Games Area in UC: Dates__________________ Time__________________
21. Will group be selling merchandise on campus?____________________ What?__________________
22. Will business or profit making agency be involved in the camp?__________________

| Contact Person:____________________ | Home Phone____________________ | Daytime____________________ |
| Camp Director:____________________ | Home Phone____________________ | Daytime____________________ |
| Billing Address:__________________ | SFA IDT#____________________ |
| Email Address____________________ | Fax Number____________________ |

Return completed form by Feb. 1, 2001 to:

Carol Lombardo, Coordinator for Reservations
P.O. Box 13056, SFA Station
Nacogdoches, Texas 75962 Phone: 936-468-3403 Fax: 936-468-5818

HPE Facilities Reservations Form