

Summer Camp/Conference Reservation Form

Between Stephen F. Austin State University and _____, Sponsoring Dept.

(This completed form must be returned to the Reservations Office.)

THIS SECTION REQUIRED FOR ALL CAMPS

Sponsoring Department. _____ Department Head _____

Name of Camp Group. _____

Camp Dates _____ to _____ Early Arrival Date (if any early arrivals): _____

Line 1) Total Number of Overnight Students/Campers attending Camp: Male _____ Female _____

Line 2) Total Number of Overnight Adults attending Camp: Male _____, Female _____

Total Lines 1 & 2 Total Number of Overnight Campers TOTAL **Male** _____, **Female** _____

Approximate Number of Day Campers to be Insured Male _____, Female _____

*Second day of Camp the CAMP AUDIT FORM must be submitted to Reservations.

Contact Person _____ Home Phone _____ Day Phone /Cell Phone _____

Camp Director _____ Home Phone _____ Day Phone/ Cell Phone _____

Billing Address _____ or SFA IDT# _____

Email Address _____

Parking Permits Needed: Number of Cars/Vehicles _____ Number of Buses _____

Will camp be selling merchandise on campus? Yes _____ No _____ If so, what? _____

THIS SECTION REQUIRED FOR ALL CAMPS HAVING MEALS ON CAMPUS

**Total Number of Camp Meal Cards Requested _____

Cafeteria Service to begin on...Date: _____ Check First Meal: B L D

Cafeteria Service to end on.....Date: _____ Check Last Meal: B L D

Standard Service Times

Breakfast 7:00am - 9:00am

Lunch 11:00am -2:00pm

Dinner: 4:30pm - 7 :00pm

**Minimum guarantee 5 days prior to camp (start date) is required. Additional cards can be added if camp increases.

Requested Camp Meal Times in Cafeteria _____

Meals NOT to be eaten in Cafeteria Date(s): _____ Meals B L D _____

Special Catered Meals (prearranged with Reservations office) Date(s): _____ Time: _____

(There will be a 100% charge if the Reservations Office is not notified of meals that will be missed, 24 hrs. prior to service)

***Camps requesting service in the cafeteria will be responsible for paying for the meals requested, regardless of the number of meals eaten. All camps with hall residence are required to have a meal plan.**

THIS SECTION REQUIRED ONLY FOR CAMPS USING SFA HOUSING

Residence Hall Requested _____

Date of Arrival to Hall _____ Time for Check-In: _____

Date of Departure _____ Time for Check-Out (12:00pm) _____

Number of Early Arrivals to Hall (prior to scheduled camp date): Adult Females _____ Adult Males _____ Time: _____

Number of Early Arrivals to Hall (prior to scheduled camp date): Student Females _____ Student Males _____ Time: _____

Est. Total Number of Adults in Hall (not counting early arrivals): Adult Females _____ Adult Males _____

Est. Total Number of Students in Hall (not counting early arrivals): Student Females _____ Student Males _____

Number of Single Occupancy Rooms Required: Adults _____ .Students _____

Number of 24 Hr. access cards to Hall (Adults only) _____

Grade Level or Adults (Please check): Jr. High _____ .High School _____ College _____ .Adults _____

Return Completed Form to the Reservations Office:

Mailing Address:
Stephen F. Austin State University
Baker Pattillo Student Center

Physical Address:
Stephen F. Austin State University
Baker Pattillo Student Center

Email: reservations@sfasu.edu
Phone: 936-468-3400

222 Vista Dr., Room #1.204B
Nacogdoches, TX 75961