# Camps and Programs for Minors Information

<table>
<thead>
<tr>
<th>Camp Name:</th>
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<tbody>
<tr>
<td><strong>Type of Camp/ Program</strong></td>
<td>(day camp night camp, etc.):</td>
</tr>
<tr>
<td><strong>Age Group/ Grade Level</strong>:</td>
<td><strong>Minor/ Counselor Ratio</strong>:</td>
</tr>
<tr>
<td><strong>Minimum Capacity</strong>:</td>
<td><strong>Maximum Capacity</strong>:</td>
</tr>
<tr>
<td><strong>Start Date</strong>:</td>
<td><strong>End Date</strong>:</td>
</tr>
<tr>
<td><strong>Start Time</strong>:</td>
<td><strong>End Time</strong>:</td>
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**POC/ Director:**

<table>
<thead>
<tr>
<th>Title:</th>
<th><strong>Email</strong>:</th>
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<tbody>
<tr>
<td><strong>Office Number</strong>:</td>
<td><strong>Cell Phone Number</strong>:</td>
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**POC/ Secondary:**

<table>
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<tr>
<th>Title:</th>
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*A COMPLETE ROSTER OF IDENTIFIED PAID AND NON PAID EMPLOYEES NEEDS TO BE PROVIDED TO THE OFFICE OF CONTINUING EDUCATION IN EXCEL FORMAT AT LEAST TWO (2) WEEKS PRIOR TO START DATE (CPM Worker Status Form)*

Estimated Number of Participants: ______________

Number of Counselors/ Assistants: ______________

Will these counselors be paid?

- If **YES**, contact Employment Office at 956-326-2360 or employment@tamiu.edu.
- If **NO**, contact Office of Continuing Education at 956-326-3068 or ContinuingEducation@tamiu.edu
**Job Duty Description:** Most camps adhere to two groups of people in any camp or program: Leaders and Assistants. Please review the options below and provide the quantity of each on the right hand side. If you feel that there are other job duty/description in your camp or program, please let us know how many individuals pertain to the “Other” category and define their duties.

**Leaders**

Quantity: ______

Responsible for the following:

- Plan, design, develop, coordinate, teach, deliver, lead, and carry out all activities of the camp program in quality, safe, and healthy conditions.
- Working collaboratively with the Office of Continuing Education and other appropriate University departments to plan and coordinate food services, room scheduling, IT needs, business/fiscal aspects, assistant and camper supervision, insurance, health care, and safety.
- Develop and monitor the camp program budget, if applicable.
- Design, develop, and implement marketing strategies for recruitment and retention.
- Recruit, train, and supervise camp assistant(s).
- Ensure high standards of health and safety in all activities.
- Ensure safety and security rules and procedures are adhered to by assistants and campers at all times.

**Assistants**

Quantity: ______

Under the direction of the camp leader, actively participate in all camp activities and assist with the teaching activities and direction and proper supervision of campers at all times. Serve as a role model to campers in attitude and behavior. Maintain high standards of health and safety in all activities. Adhere to safety and security rules and procedures at all times.

**Other**

Quantity: ______

Provide Attachment with description.

**Meals**

*All food items must be purchased through Aramark.*

*All outside food must be approved by Aramark; must receive a letter/email of approval.*

Meals / Snacks Provided: Yes___ No____

Meal Time(s): _____ Location: ____________

Meal Time(s): _____ Location: ____________

Meal Time(s): _____ Location: ____________

*Meal times may not occur between 12:00PM- 12:30PM.*

If No, explain: ____________________________________________

Has Aramark been contacted? Yes___ No____

*Consider food allergies and dietary restrictions when setting a menu.*
Event Services

*Registrations cannot be confirmed until the 4th Class Day

EMS Reservation Number: __________

Description of Camp (Attach Supplemental Document If Needed):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Parking/ Pick Up/ Drop Off:
Will you require PD’s assistance with keeping the flow of traffic for pick up and drop off of your participants? _____ Yes _____ NO

REMINDER:
- Attach Camp/ Retreat Event Application
- Attach Risk Assessment Form
- Attach Things to Remember
- Attach CPM Worker Status Form
- Attach Budget Sheet ( & Submit Electronically)
- Attach CPM Emergency Plan
- Submit email with any information you would like to post on the website (i.e. additional application requirements or advertisement, pictures, etc.)