Camp and Program Information

As per System Regulation 24.01.06, programs for minors that are sponsored and operated by members of the Texas A&M University System and third parties using member property/facilities and that are held for more than one consecutive day without an overnight stay or that involve overnight stays where full supervisory duties of the minor(s) is the member or third party’s responsibility. This responsibility includes providing supervision, instruction and/or recreation where the children are apart from their parent(s)/legal guardian(s).

Submit the following information for EACH camp/program/session for minors:

Camp Name: ______________________________________________________________________

POC/ Director:
Title: ____________________________ Email: ____________________________
Office Number: ________________________ Cell Phone Number: ______________________

POC/ Secondary:
Title: ____________________________ Email: ____________________________
Office Number: ________________________ Cell Phone Number: ______________________

➢ Attach a form with the registration information you would like to collect.
➢ Attach Program Budget Form.

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
4th Class Day

Has Event Services (EMS) been contacted for room reservations, if needed? Yes___ No____
If, Yes: Reservation Number: __________

When making reservations, consider media services (AV, equipment, software, etc.)
If No: Continuing Education will process your reservation; fill out the information below:

Must Complete regardless if reservation has already been made through EMS:

Quantity of Classrooms: ___________ Times: _____________ Capacity: ___________
Quantity of Auditorium: ___________ Times: _____________ Capacity: ___________
*Theater/ Recital Hall: ___________ Times: _____________ Capacity: ___________
*Athletic Field: ___________ Times: _____________ Capacity: ___________
*Gymnasium (KCB): ___________ Times: _____________ Capacity: ___________
*Recreational Center: ___________ Times: _____________ Capacity: ___________

*Quantity of Labs: ________________ Type of Lab: __________________________________
Time: ________________ Capacity: ___________

*Computer lab space is limited to the availability. Academic Courses receive priority preference. Other
facilities must have approval from appropriate department as well.

Ballroom: _______________________ Specify A, B, or C: _____________________________
Time: ________________ Capacity: ___________

Other Spaces Needed: _________________ Times Needed: _______________ Capacity: ___________

*Require Permission from College or Department.

Event Details:
☐ Smart Lectern ☐ Lapel Microphone ☐ Projector
☐ Wireless Mic ☐ Wireless Internet Access ☐ Elmo
☐ Computer with Projector ☐ TV/DVD/VCR ☐ Teleconference Unit
☐ Projection Screen

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