

**The Texas A&M University System  
Camp/Retreat/Field Trip/Event Application**

Type of Program	<input type="checkbox"/> Camp (K-12 <sup>th</sup> Grade)	<input type="checkbox"/> Sports Camp (K-12 <sup>th</sup> Grade)
Program Name	_____	
System Member	_____	Name of Department _____
Coordinator	_____	Title _____
Phone Number	_____	Fax Number _____
Email Address	_____	Website _____

**INFORMATION FOR INSURANCE**

<b>REQUESTED COVERAGE</b>	<b>PLEASE ATTACH ADDITIONAL PAGES IF NEEDED</b>				
	00/00/00 Start Date	00/00/00 End Date	Total # of Days	Estimated # of Participants	# of Student Counselors
Program Dates	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Transportation	_____			<input type="checkbox"/> System Owned	<input type="checkbox"/> Leased
	<small>Type of Transportation</small>			<small>Type of Event</small>	
Ages of Participants	_____			<input type="checkbox"/> Overnight	<input type="checkbox"/> Day
Location of Program	_____				
	<small>(Campus, resort, civic center, etc.)</small>				
Brief Description of your Program	_____				

**Please make sure that your list of activities includes ANY AND ALL FREE TIME activities scheduled**

(PLEASE ATTACH ADDITIONAL PAGES IF NEEDED)

List of Activities: \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATIONS:** My signature acknowledges request for enrollment in the specified insurance coverage.

\_\_\_\_\_

Signature of Department Head or Liaison \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Please provide a copy of your **itinerary and brochure** (if applicable) with the application

Each Participant **MUST** sign a waiver in order to have General Liability coverage. You will need to list each camp on your matrix with an estimated number of participants, updating with **ACTUAL** number of participants at the end of the camp/event.

**RETURN COMPLETED APPLICATION TO SYSTEM RISK MANAGEMENT FOR FURTHER HANDLING:**

The Texas A&M University System  
System Risk Management  
Campus Mail 1262  
[rms-insurance@tamus.edu](mailto:rms-insurance@tamus.edu)



301 Tarrow St., 5<sup>th</sup> Floor  
College Station, Texas 77840  
(979) 458-6330 (979) 458-6247 Fax  
[rms-insurance@tamus.edu](mailto:rms-insurance@tamus.edu)