

Summer Conference Group Information

Conference Contact Information

Name of Conference: _____

Authorized Representative: _____

Mailing Address: _____

Phone Number: _____

E-Mail Address _____

Conference Information

Date and Time of Check-In: _____

Date and Time of Check-Out: _____

Housing Needs:

___ # of Single Bed Occupancy for	___ # of Nights from _____ to _____	linens y / n
	___ # of Nights from _____ to _____	linens y / n
	___ # of Nights from _____ to _____	linens y / n

___ # of Double Bed Occupancy	___ # of Nights from _____ to _____	linens y / n
	___ # of Nights from _____ to _____	linens y / n
	___ # of Nights from _____ to _____	linens y / n

Please describe the nature of your conference:

Conference Guests:

___ # of Adult Counselors or Staff

___ # of Youth (under the age of 17) Attendees _____ Age Range of Campers

Meeting Space in Residence Halls:

Meeting Space at University (must be facilitated through the University Center):

Dining Services Needs (must be facilitated through Sodexo):

Special Needs or Accessibility Required:
