



Camp/Clinic Request Form

Contact Information

Camp Name: _____

Contact Name: _____

Daytime Phone: _____

Fax: _____

Cell Phone: _____

Email: _____

Relationship to Jacksonville University (faculty, staff, alumni, student, etc.): _____

Preferred Dates:

Overnight (Dates): _____ Count: _____

Daytime (Dates): _____ Count: _____

If flexible in dates, please list other options: _____

Check in time: _____ Check out time: _____

Location: _____

Additional information: _____

Corporation or company name/ address: _____

Housing **NO housing needed**

Maximum number of beds requested: _____
(if request is approved, you cannot exceed this number)

Number of rooms requested: _____

Preferred location(s): _____

Meals **NO meals needed**

Date of first meal: _____

Date of last meal: _____

Number of meals per person: _____ Breakfast: _____ Lunch: _____ Dinner: _____

Number of SNACKS: _____ Number of BAGGED lunches: _____ Number of CATERED meals: _____

Additional information regarding meals/catering:

Facilities

Indicate the type and number of spaces **REQUIRED** for the proposed event. Provide details in the space provided. If you would like access to additional spaces as optional for your participants, please list those in the details.

- | | |
|---|--|
| <input type="checkbox"/> Classrooms: _____ | <input type="checkbox"/> Soccer Field |
| <input type="checkbox"/> Conference Rooms: _____ | <input type="checkbox"/> Milne Field |
| <input type="checkbox"/> Computer Lab: _____ | <input type="checkbox"/> Sessions Field |
| <input type="checkbox"/> Auditorium/ theater: _____ | <input type="checkbox"/> Softball Field |
| <input type="checkbox"/> Large Meeting Space: _____ | <input type="checkbox"/> Swisher Gymnasium |
| <input type="checkbox"/> Chapel | <input type="checkbox"/> Swimming Pool (\$15/hour) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Security: _____ |
| | <input type="checkbox"/> Tennis Courts |
| | <input type="checkbox"/> Intramural Field(s) |
| | <input type="checkbox"/> Parking requests: _____ |

*Additional costs will occur for staffing facilities after normal operating hours.

Additional space needs or requests:

Audiovisual **NO equipment**

**Additional costs may be associated with these items.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Visitor Internet | <input type="checkbox"/> LCD Projector | <input type="checkbox"/> Lectern w/ microphone |
| <input type="checkbox"/> DVD Player | <input type="checkbox"/> Sound System | <input type="checkbox"/> Wireless lapel microphone |
| <input type="checkbox"/> Projector Screen | <input type="checkbox"/> Lectern | <input type="checkbox"/> Wireless handheld microphone |
| <input type="checkbox"/> Event Technician | <input type="checkbox"/> TV | <input type="checkbox"/> Other: _____ |

Set up needs **NO set up needs**

**Additional costs may be associated with these items.*

- | | | |
|-------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Tables | <input type="checkbox"/> Screen | <input type="checkbox"/> Lectern w/ microphone |
| <input type="checkbox"/> Chairs | <input type="checkbox"/> Lectern | <input type="checkbox"/> Wireless lapel microphone |
| <input type="checkbox"/> Projection | <input type="checkbox"/> Easels | <input type="checkbox"/> Wireless handheld microphone |

**This request must be completed and returned as soon as possible.
Upon approval you will be sent a confirmation notice.**

**Your request may be faxed (904) 256-7424 or email shopel@ju.edu
If you have any questions, please contact Shauna Hope at (904) 256-7050**