|  |  |
| --- | --- |
| **General Information** | **Camp Information** |
| 1st Contact: |       | 2nd Contact: |       | Are you requiring a registration fee? |
| [ ] Yes | [ ] No |
| Email: |       | Email: |  | Is registration open to the public? |
| [ ] Yes | [ ] No |
| Address: |       | Company/Department: |       | When is your registration deadline? |
|   |
| City/State& zip code: |  | Account Number: |       | Please provide registration link: |
|   |
| **CMU Affiliation**[ ] CMU Faculty/Staff[ ] External/LLC | **Audio/Visual**[ ] Yes[ ] No | Will you need on campus parking? |
| [ ] Yes [ ] No |
| Will you need on-campus directional signage? |
| Other: |   | Please List: |   | [ ] Yes [ ] No |
|  |  |
| **Housing** | **Location Preference/Food****\*Please indicate times for locations in the comments section** |
| Will you need on-campus housing?  | [ ]  Yes [ ]  No | 1st Choice: |   | Field, Gym, or Sports Complex? |   |
| If yes, which would you prefer?  | [ ]  AC [ ]  No AC | 2nd Choice: |   | Additional Spaces: | [ ]  Yes [ ]  No |
| Would you like any additional catered meals/snacks? | [ ]  Yes [ ]  No | 3rd Choice: |   | Complete the [Space Request Form](https://www.cmich.edu/docs/default-source/finance-and-administrative-services-division/auxiliary-services/events-conferences-and-university-events/forms/20210621_fas_space_requestform_001-%28optimized%2950bc7706-f54e-45c4-94af-6ffafc7b9058.pdf?sfvrsn=b4a6d970_9) if Yes.  | \*Send with this Form\* |
| \*Bedding/Towels will not be provided\* |  | Comments: |   |
| Comments: |       | Meals: | First meal:  | Last Meal:  |
|  | B: 7-9AM L: 11AM-1PM D 4:30-6:30PM [Click for Dining](https://dineoncampus.com/cmichdining) |
| **Specific Camp Information** |
| Type of Camp:[ ] Sport [ ] Educational [ ] Music [ ] Other |
| Name of Camp: | Would you like to add any extra activities?[ ] Student Activity Center Day Pass [ ]  Esports [ ]  Swimming |
| 1st Date Preference: |   | Check-in Day/Time: |   |
| 2nd Date Preference: |   | Check-out Day/Time: |   |
| Early Arrivals Day/Time: |   | Estimated Attendance: |   |
| Comments: |   | Attendee Age Range: |   |
| *I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ MY BOOKING CONTRACT ONCE PROVIDED AND UNDERSTAND ITS TERMS. CMU AFFILIATED CLIENTS: I UNDERSTAND THAT I CAN BE ASSESSED A VIOLATION FOR NOT FOLLOWING THE POLICIES WRITTEN ON THE BOOKING CONTRACT. MORE THAN ONE VIOLATION OF THE POLICIES WILL RESULT IN A $25.00 CHARGE FOR EACH FOLLOWING VIOLATION.* [ ]  I AGREE |