Please refer to the Camps and Conferences website at http://reslife.mst.edu/camps/ to assist in the completion of this form.

If more than one session/week, please complete one form for each session/week.

SECTION 1: CONTACT & GROUP INFORMATION

Name of Conference: ________________________________ Dates of Conference: ____________________
Session #: ________________________________ Age Range of Group Participants: ____________________
Will your group provide adult supervision for minor participants?** YES NO N/A
Conference Contact Name: ________________________________ Phone ____________________
Email Address ________________________________ Fax ____________________  

**For the safety of all guests, Pre-College Programs and the Department of Residential Life reserve the right to approve adult supervision.

SECTION 2: ARRIVAL AND DEPARTURE TIMES

Arrival Date: ________________________________ Check-In Time: _______________ a.m./p.m.
Departure Date: ________________________________ Check-Out Time: _______________ a.m./p.m.

Name of Early Arrival/Late Departures | Arrival Date | Arrival Time | Departure Date | Departure Time
--- | --- | --- | --- | ---

Additional early arrival or late departure information may be submitted on a separate sheet.

SECTION 3: HOUSING ACCOMMODATIONS

Preferred Complex: ☐ Residential College ☐ Thomas Jefferson ☐ Quadrangle

Estimated number of participants (including staff) residing in the residence halls: ________________

Please indicate the number of participants and staff broken down by gender residing in the halls by desired room type below:

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Male Participants</th>
<th>Female Participants</th>
<th>Staff Male</th>
<th>Staff Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Double (Thomas Jefferson/Quadrangle)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single (Thomas Jefferson/Quadrangle)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Double Suite (Residential College)</td>
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<td></td>
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<tr>
<td>Single Suite (Residential College)</td>
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</tbody>
</table>

In order to ensure all accommodation requests, the conference contact is responsible for providing final numbers to the Residential Life Office 7 business days prior to camp check-in.
SECTION 4: FACILITIES AND MEETING ROOMS

Will your group need meeting rooms or common area space in TJ or at the Residential College?  YES  NO

<table>
<thead>
<tr>
<th>Date</th>
<th>Building (circle one)</th>
<th>Time</th>
<th>Room Preference</th>
<th>Activity Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>TJ</td>
<td>RC</td>
<td>am/pm -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TJ</td>
<td>RC</td>
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<tr>
<td>TJ</td>
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<td>am/pm -</td>
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<tr>
<td>TJ</td>
<td>RC</td>
<td>am/pm -</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate preferred room set-up (additional requests and/or details may be included on a separate sheet of paper):

- Theater
- Classroom
- Conference
- Banquet
- U-Shape

Other (please describe): __________________________________________

SECTION 5: FOOD SERVICE

Requested Meal Service (circle all that apply): Cafeteria Style (TJ Only) Boxed Meal None

A La Carte service is also available for interested groups. Please contact Campus Housing & Dining for specific rates.

Estimated number of participants dining with your group (please including commuters and camp staff *not* employed through the Center for Pre-College Programs): ___________________________

Utilizing the codes below, please write in the approximate number of campers and your selected dining option. In order to best meet the needs of your group, it is important that you provide this information for each meal of the day.

- TJ = TJ Buffet
- B = Boxed Meal
- C = Catered Meal
- X = No meal

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
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<td>Saturday</td>
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</tr>
</tbody>
</table>

In order to coordinate dining needs, the conference contact is responsible for submitting final meal counts to the Residential Life Office 7 business days prior to camp check-in.
SECTION 6: BILLING

How do you wish this conference to be billed?

- Journal Entry  Please provide MOCCode and PS Acct. # _____________________________
- Credit Card    Acct # _____________________________ Exp Date ___________________________
- Individual Participant Payment
- Other _____________________________

Organization or Department to be billed

Contact Person’s Name

Email Address

Phone Number

Signature

Date

Accommodations for Summer Camp/Conference housing requests are granted on a first-come, first-served basis. Although we do our best to meet the needs and requests of all groups, reservation forms that are delayed or incomplete may result in limited housing options. Camp Directors are strongly encouraged to return this form as early as possible in order to guarantee accommodations. Requests received later than 30 days prior to the conference check-in date may face the possibility of limited or no housing availability.

Upon receipt of the reservation form, a representative from the Department of Residential Life will contact the camp/conference director to discuss the camp contract and policies, specific housing requests and additional needs or services. A confirmation email will be sent once this information has been processed by the Residential Life Office.

Please complete and return to: Department of Residential Life
Missouri University of Science & Technology
205 W. 12th Street
Rolla, Missouri 65409-0510
Phone: (573) 341-4218
Fax: (573) 341-4544