

CAMP/CONFERENCE RESERVATION FORM

DEPARTMENT OF RESIDENTIAL LIFE

SUMMER 2015

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

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

Will you require Linens: YES NO

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

Room Type	Male Participants	Female Participants	Staff Male	Staff Female	Total
Double (Thomas Jefferson)					
Single (Thomas Jefferson)					
Double Suite (Residential College)					
Single Suite (Residential College)					

In order to ensure all accommodation requests, the conference contact is responsible for providing final numbers to the Residential Life Office seven 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

Date	Building (circle one)	Time	Room Preference	Activity Name
	TJ RC	am/pm - am/pm		
	TJ RC	am/pm - am/pm		
	TJ RC	am/pm - am/pm		
	TJ RC	am/pm - am/pm		

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): _____

Guests utilizing overnight housing accommodations will receive priority reservations for residence halls and common areas provided requests are submitted by April 15th. Please refer to the Residential Life Meeting Space Parameters document for additional information.

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.

Any Food Allergies/Sensitivities or Dietary Restrictions: YES NO

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

Date	Day	Breakfast	Lunch	Dinner
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			

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

SECTION 6: BILLING

How do you wish this conference to be billed?

- Journal Entry Please provide MOCode 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.

Preliminary housing requests will be reviewed in early spring. For priority consideration, housing and facility requests should be submitted by **April 15th**. 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

Office Use Only:

Date Received: _____

Initial Call: _____

Confirmation Date: _____