



## 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](mailto:shopel@ju.edu)  
If you have any questions, please contact Shauna Hope at (904) 256-7050**