



Summer Camp & Conference Application

- Please complete, sign and return this form to the above address, to confirm your request for your summer camp/conference program.
- For multiple programs or sessions, each session requires a separate form.
- Once this application is received a worksheet agreement and COVID guidelines will be created and forwarded either via email or fax for approval and signature. Only when this application is received will your camp/conference be considered confirmed. Not before then.

Program Information

Program/Organization Title: _____

A brief synopsis about the camp/conference: _____

Contact Name: _____

Phone # (____) _____ Fax # (____) _____ Cell # (____) _____

Address: _____

City/State: _____ Zip: _____ E-mail: _____

Billing Information
(this is to whom the invoice can be sent and from whom payment can be expected)

Contact Name: _____

Phone # (____) _____ Fax # (____) _____ Cell # (____) _____

Address: _____

City/State: _____ Zip: _____ E-mail: _____

Tax Exempt: Yes No (If yes, required to send a copy of "tax exempt certificate")

WMU billing only: Fund _____ Cost Center _____ Object Code _____

Dates of Camp or Conference

- A representative of the camp *must be present* at check-in and check-out.
- For staffing purposes, we require that check-in/out be limited to two hours. Please choose your check in/out times below.
- ALL check ins and check outs will be "express" and mostly touchless

Express Check-IN: *(the camp/conference lead will be provided all room keys in envelopes and be responsible for distributing them to groups)*

Day/Date: _____ Time block: _____ *(choose a 2-hour time block ex: 11am-1pm)*

Express Check-OUT *(you will be provided an envelope for you to drop your keys and leave in designated spot)*

Day/Date: _____ Time block: _____ *(choose a 2-hour time block ex: 11am-1pm)*

Total # night's stay: _____

Staff/Chaperones are **REQUIRED** if guests are under 18 years of age.

If **Staff/Chaperones** will arrive at a different time, please indicate below:

Check here if staff/chaperones arrive at the same time as campers

Check-IN: Day/date _____ time _____ AM or PM

Check-OUT: Day/date _____ time _____ AM or PM

Total # night's stay: _____

Group & Occupancy Information

- Ratio of staff/chaperones to campers (minors) is **1:10**. Minors **must** be supervised at all times.
- Blankets are not provided. Linen packet & pillows are provided, *unless* indicated below.

No. Participants: _____ No. of Staff/Chaperones: _____ TOTAL: _____

Total Housing: males _____ females _____ Age group of Participants: _____

Participants Occupancy(*check all that apply*): double single double (A/C) single (A/C)

Staff/Chaperone Occupancy(*check all that apply*): double single double (A/C) single (A/C)

Group does NOT need (check box): pillows linen packet

Would like to request lanyards on keys (\$2 each) Yes No

Additional Space Needed

Please note there is limited space in the residence halls. If you need classroom or additional meeting space, or requests for other buildings on campus, please list them below and we will do our best to accommodate you. We will inform you, if we are unable to accommodate your request.

Need classroom type or additional meeting space Yes No

Explain, include dates/times: _____

Other special requests, explain: _____

Additional Information

- Identification for campers is needed for access into the dining hall, therefore all guests will be provided with a dining card that they will need to keep up with so that they can swipe themselves into the dining hall. There is a charge if that card is misplaced.
- Due to COVID, dining could be dine-in or grab-and-go. Please be prepared for either.
- Conferences and dining services must know **three weeks in advance** of your camps arrival, the number of participants and that number cannot be changed once submitted.
- There are no guarantees on which halls a group will be assigned to due to the variation in estimated attendance and actual arrivals.
- All paperwork that will need to be completed before a groups arrival, will be sent electronically and must be received before the group is able to arrive on campus.
- If handicap accessible accommodations are needed, please contact the Conference Coordinator as soon as possible in order for appropriate arrangements can be made.
- Conference Season will end **August 6, 2023**.

Authorized Representative:

Print Name _____ date _____

Signature _____ title _____

Phone # (_____) _____



WESTERN MICHIGAN UNIVERSITY

Dining Services Camp & Conference Meal Information

Camp Name _____

No. of Participants* _____

Dates of Camp _____

Today's date _____

* Conferences and Dining Services must know **three weeks in advance** of your camp's arrival, a **guaranteed number of participants**, for food ordering purposes.

* Due to COVID, dining could be dine-in or grab-and-go. Please be prepared for either.

Meals are billed to the camp based on how many housing participants there are, based on the per person dining meal package. Commuters who will be eating in the dining hall will be billed accordingly, unless guests pay cash at the door.

CHECK HERE IF YOUR GROUP DOES NOT REQUIRE MEAL SERVICE (you do not need to continue filling out this form)

Meals - HOUSING Participants

Depending on your camp schedule, indicate below with an "X" the dates and meals housing participants will be eating in the dining hall.

B=Breakfast L=Lunch D=Dinner

| Day/Date | B | L | D |
|------------------|--------------------------|--------------------------|--------------------------|
| 1 st | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TOTAL Meals *per person*:

Meals - COMMUTERS

Indicate below with an "X" the dates and meals non-housing commuters will be eating in the dining hall.

B=Breakfast L=Lunch D=Dinner

| Day/Date | B | L | D |
|------------------|--------------------------|--------------------------|--------------------------|
| 1 st | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TOTAL Meals *per person*:

Commuters will pay cash at the door:
Yes No

How many? _____

Special Meals or Events

There are many other meal options other than the traditional dining hall meals. If your group has a special meal request or event they'd like to host for their group, please indicate below in the space provided. The conference coordinator will be in touch to discuss all of your dining options.

Explain briefly: _____
