UNIVERSITY OF
CENTRAL
ARKANSAS™

INSTITUTIONAL CAMP REQUEST FORM

Faculty/Staff submitting camp/clinic proposal: _____

Cell: _____ Email _____ Physical address: _____

Camp director: _____ Email: _____ Cell:_____

If camp director is not a UCA employee, please list UCA liaison that will be the camp contact:

Name _____ Email: _____ Cell: _____

Secondary emergency contact: _____ Cell: _____

Proposed camp dates: _____

Proposed location/s: _____

Estimated number of campers: _____ Age/grade: _____ Online Registration: ☐ Yes ☐ No

Are you teaching/conducting research during camp: ☐ Yes ☐ No If yes, which department: _____

Do you plan to be compensated for directing the camp? ☐ Yes ☐ No If yes, how much? _____

Name of camp: (ex. art camp, volleyball) _____

Number of expected volunteers/employees: _____

Purpose of camp: (ex. Instruction in mixed media art projects designed for K-6 students)

Is there a registration fee? ☐ Yes ☐ No Is this an ADA Camp? ☐ Yes ☐ No

Will there be t-shirts for participants? ☐ Yes ☐ No If yes, is it included in the fee? ☐ Yes ☐ No

☐ Residential camp ☐ Commuter camp ☐ Both Residential and Commuter

If residential, Housing preference (List in order) 1) _____ 2) _____

3) _____ 4) _____

Does anyone need to be housed separately? ☐ Yes ☐ No If yes, residence hall preference _____

RESIDENTIAL CHECK-IN INFORMATION ***If commuter only, skip to commuter information**

Staff check-in date _____ Check-in time: _____ No. of rooms _____

Staff check-out date _____ Check-out time: _____

Camper check-in date _____ Check-in time: _____ No. of rooms: _____

Camper check-out date _____ Check-out time: _____

Do you need housing staff to assign rooms? ☐ Yes ☐ No If no, name of person responsible for housing assignments: _____ Email: _____

Special requests: (ex. micro fridge, ADA accessible, staff meeting room):

COMMUTER CHECK-IN INFORMATION ***Only complete if commuters will be attending**

Camper check-in date _____ Check-in time: _____

Camper check-out date _____ Check-out time: _____

Commuter hours of camp: _____ Ages/grades _____

Additional Information:

Camp website/registration link: _____

Other information to be considered for this camp:

☐ I have read the Camp Policy Guidelines and am aware that I am required to adhere to the University policies regarding camps.

_____
Camp Director/ Date

_____
Department Chair/Date

_____
Dean/Date

_____
Provost/Executive Vice President/Date

_____
Received by Camp Coordinator/Outreach Date

UNIVERSITY OF CENTRAL ARKANSAS™
Susan Sutterfield Hall
Camp Coordinator | Outreach & Community Engagement | Conference Services | University of Central Arkansas
501-450-5274 or susanh@uca.edu