



Summer Programs PRIOR ARRIVAL FORM

(This form is due 30 business days prior to your camp's on-campus arrival.)

Program Name: _____ Dates of Program: _____

Program Coordinator: _____ Program Coordinator Phone #: _____

HOUSING COUNT

RESIDENCE HALL BEDS

of residence hall beds for female campers: # _____

of residence hall beds for male campers: # _____

of residence hall beds for female staff/leaders: # _____

of residence hall beds for male staff/leaders: # _____

Total number of residence hall beds: # _____

PARTICIPANT AND STAFF/LEADER COUNT

Participants (residential & commuter): _____

Staff (residential & commuter): _____

Total: _____

of participants and staff housed in residence halls: # _____

COMMUTER COUNT

of commuter participants and staff:

FOOD SERVICE

Dining Hall Meals

List the numbers of individuals eating each meal for each day of your program excluding commuters. If a meal will not be eaten in the Baugh Dining Hall, please indicate. If your group is divided into two groups (all groups above 75 will have to be divided), please fill out #1 and #2. Enter N/A or a zero value for any fields that do not apply.

Week 1

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Date														
Breakfast Location														
Meal	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2
Breakfast Headcount	#	#	#	#	#	#	#	#	#	#	#	#	#	#
Start Time														
Lunch Location														
Meal	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2
Lunch Headcount	#	#	#	#	#	#	#	#	#	#	#	#	#	#
Start Time														
Dinner Location														
Meal	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2
Dinner Headcount	#	#	#	#	#	#	#	#	#	#	#	#	#	#
Start Time														

Group Name: _____ Prior Arrival Form

Other Details							
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Week 2

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Date														
Breakfast Location														
Meal	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2
Breakfast Headcount	#	#	#	#	#	#	#	#	#	#	#	#	#	#
Start Time														
Lunch Location														
Meal	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2
Lunch Headcount	#	#	#	#	#	#	#	#	#	#	#	#	#	#
Start Time														
Dinner Location														
Meal	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2
Dinner Headcount	#	#	#	#	#	#	#	#	#	#	#	#	#	#
Start Time														
Other Details														

Group Name: _____ Prior Arrival Form

CAMPER CHECK-IN/REGISTRATION

Date (MM/DD): _____

Time (any time *after* 2 p.m.): _____

Location: _____

CAMPER CHECK-OUT/DEPARTURE

Date (MM/DD): _____

Time (any time *before* 10 a.m.): _____

Location: _____

STAFF/LEADER CHECK-IN/REGISTRATION

Date (MM/DD): _____

Time (any time *after* 2 p.m.): _____

Location: _____

STAFF/LEADER CHECK-OUT/DEPARTURE

Date (MM/DD): _____

Time (any time *before* 10 a.m.): _____

Location: _____

MEDIA SERVICES

Please indicate which feature is needed.

Room: _____ Date: _____ Time: _____

☐ Projector ☐ Computer☐ Sound System ☐ Mic☐ TV/DVD

Room: _____ Date: _____ Time: _____

☐ Projector ☐ Computer☐ Sound System ☐ Mic☐ TV/DVD

Room: _____ Date: _____ Time: _____

☐ Projector ☐ Computer

Group Name: _____ Prior Arrival Form

☐ Sound System ☐ Mic

☐ TV/DVD

Room: _____ Date: _____ Time: _____

☐ Projector ☐ Computer

☐ Sound System ☐ Mic

☐ TV/DVD

Room: _____ Date: _____ Time: _____

☐ Projector ☐ Computer

☐ Sound System ☐ Mic

☐ TV/DVD

INTERNAL CAMPS, please note: filling out the above “Media Services” portion of this form does *not* guarantee that your requested equipment and/or service will be available. To ensure that the requested equipment and/or service is available and prepared for you, please fill out a Media Services Request by [clicking here](#), or contact the Office of University Events, Camps, & Conferences with questions or concerns.

FACILITIES SET-UP

Request for tables and chairs.

Room: _____ Date: _____ Time: _____

Needs:

Room: _____ Date: _____ Time: _____

Needs:

Room: _____ Date: _____ Time: _____

Needs:

Please Note: filling out the above “Facilities Set-Up” portion of this form does *not* guarantee that your requested equipment will be available. To ensure that the requested equipment is available and prepared for you, please fill out a setup form for the respective space ([Dunham Theater](#), [Belin Chapel](#), [McNair Hall](#), [Morris Family Center for Law & Liberty Gallery](#), [Bradshaw Fitness Center](#), or the [General Form for all other spaces](#)), or contact the Office of University Events, Camps, & Conferences with any questions or concerns.

This section ***MUST*** be completed.

On-site contact person: _____

On-site contact’s cell phone number: _____

On-site contact’s housing location: _____

Signature of Coordinator: _____

Date: _____ Print Name: _____

Group Name: _____ Prior Arrival Form