

# 2024 Internal Summer Program Camp and Conference Request Form

Date Form Submitted \_\_\_\_\_

Name of Conference Group \_\_\_\_\_

Brief Description of Conference \_\_\_\_\_

Past Conference Locations \_\_\_\_\_

\*If you have a past or current itinerary that you can share with us, please attach with this inquiry form.

Type of Conference (check all that apply)     Athletic     Youth Enrichment

Religious/Faith-Based     Academic/Research     Other \_\_\_\_\_

Is this Conference associated with or sponsored by Clark Atlanta University?    Yes     No

If sponsored by CAU,  
Sponsor Name and Department \_\_\_\_\_

Conference/Company Website (if any) \_\_\_\_\_

Contact's Name \_\_\_\_\_ Contact's Title \_\_\_\_\_

Contact's Email \_\_\_\_\_ Contact's Cell Phone Number \_\_\_\_\_

Preferred Method of Contact:    Email     Phone     Either

Expected Check In Date: \_\_\_\_\_ Expected Check Out Date: \_\_\_\_\_

Are these dates flexible?    Yes     No

Will your group include youth participants (under the age of 18)?    Yes     No

Anticipated Number of Overnight Guests \_\_\_\_\_

Number of female overnight guests \_\_\_\_\_ Number of male overnight guests \_\_\_\_\_

Number of female staff \_\_\_\_\_ Number of male staff \_\_\_\_\_

Will Staff occupy a single room?      Yes      No

Will overnight guests occupy a double (shared room)?      Yes      No

Will your group require internet access or other AV services?      Yes      No

What additional services do you require (check all that apply)      Meal Plan      Catering  
Meeting or Classroom Space      Recreation      Parking      Bus or Shuttle      Other \_\_\_\_\_

How did you hear about us?      Print Advertisement      Digital Advertisement  
Referral      Trade Search      Web Search      I am a CAU Alumni  
Employee      Other \_\_\_\_\_

Is your Group Tax-Exempt?      Yes      No

Will Your Group Require Parking?      Yes      No

Type of vehicle?      Van      Bus      Car      Number of vehicles: \_\_\_\_\_

If you require conference dining please indicate (check all that apply)

Breakfast      Lunch      Dinner

\*Complete the form below.

	<b>Requested Time</b>	<b>Requested Start Date</b>	<b>Requested End Date</b>
<b>Breakfast</b>			
<b>Number of Guests (Breakfast)</b>			
<b>Lunch</b>			
<b>Number of Guests (Lunch)</b>			
<b>Dinner</b>			
<b>Number of Guests (Dinner)</b>			

Any Additional Comments \_\_\_\_\_

*\*Please complete the following pages for your location request.\**

In addition, please attach a preliminary agenda using the form provided



## Summer Program Agenda Form Breakout of Dates and Times of Requested Rooms

<b>Bishop C.L. Henderson Student Center</b>				
<b>Day/ Date</b>	<b>Location</b>	<b># of participants</b>	<b>Set-up</b>	<b>Start – End Time</b>

<b>Thomas Cole Science Center</b>				
<b>Day/ Date</b>	<b>Location</b>	<b># of participants</b>	<b>Set-up</b>	<b>Start – End Time</b>

<b>Center CAU Academic Classrooms/ Conference Rooms</b>				
<b>Day/ Date</b>	<b>Location</b>	<b># of participants</b>	<b>Set-up</b>	<b>Start – End Time</b>



## Summer Program Agenda Form Breakout of Dates and Times of Requested Rooms

Epps Gym/ Panther Stadium				
Day/ Date	Location	# of participants	Set-up	Start – End Time

Quadrangles/Other/ Museum				
Day/ Date	Location	# of participants	Set-up	Start – End Time

**\*\*Note:** This is an estimation of all the dates and times. Use may vary depending on changes in the schedule.

## Pre-approvals Required

Requestor Signature	Date:
Unit Head, Dean, Chair, or Director Signature (Internal Only)	Date:

### For Office Use Only

UME ( University Meetings & Events)	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
External Affairs	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Student Leadership & Engagement (Student Center Space)	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Registrar's Office (required for academic buildings)	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Andree Burgess	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Residence Life	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Athletic Department ( <i>Required for Stadium &amp; Gym Use Only</i> )	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
<b>Public Safety (Required for all events)</b>	<input type="checkbox"/> Required	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
#Officers _____ Cost \$ _____				
Facilities	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Fees after normal business hours if overtime is required: C&W: \$ _____ Staff: \$ _____				
Cynthia Gomes ( Parking Lots)	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:

\*\*\*Attach additional pages if you need this for your program