



Office of Events Management

Check List For Summer Camps

Name of Summer Camp: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Camp Administrator(s): _____

Camp Dates:	Cell Phone:
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Email address: _____ If on campus: Residence Hall: _____

Department Requesting ID: _____ Requestor Email Address: _____

ID Requestor: _____ Requestor Phone Number: _____

[illegible]

[illegible]

[illegible]