



Office of Events Management

Summer Camps Attendees & ID Badge Request Form

Name of Summer Camp:

Address:

City:

State:

Zip:

Name of Camp Administrator(s):

Camp Dates:

Cell Phone:

Email address:

If on campus: Residence Hall:

Department Requesting ID:

Requestor Email Address:

ID Requestor:

Requestor Phone Number:

[illegible]

[illegible]

[illegible]