

2018 SOUTH PLAINS COLLEGE

CAMP RESERVATION FORM

DUE 60 DAYS PRIOR TO CAMP FOR OVERNIGHT CAMPS

CAMP NAME _____

DATES OF CAMP _____ PUBLIC CAMP _____ CLOSED CAMP _____

CAMP DIRECTOR: _____

PHONE NUMBER: _____ CELL PHONE NUMBER: _____

SPC STAFF YES NO

CAMP AUDIENCE:

_____ CHILDREN (AGES _____) _____ ADULTS _____ BOTH CHILDREN (AGES _____) AND ADULTS

_____ DAY CAMP (NO OVERNIGHT ACTIVITIES) _____ RESIDENT CAMP (CAMPER'S STAY OVERNIGHT)

DORM ACCOMMODATIONS:

NO DORM ACCOMMODATIONS REQUIRED DATE & TIME DORM STAY BEGINS _____

DORM ACCOMMODATIONS REQUIRED DATE & TIME DORM STAY BEGINS _____

NUMBER ANTICIPATED STAYING IN DORMS _____ MALES _____ FEMALES

DORM PREFERRED: TUBB HALL SOUTHWEST HALL NORTH SUE SPENCER SOUTH SUE SPENCER

GILLESPE FRAZIER STROUD FORREST LAMAR SMALLWOOD

NUMBER OF CAMP STAFF STAYING IN DORMS AS SUPERVISORS _____ MALES _____ FEMALES

MEALS OR FOOD SERVICE REQUESTED:

DATE & TIME FIRST MEAL BEGINS _____ DATE & TIME LAST MEAL ENDS _____

MEALS TO BE SERVED DURING CAMP (PLEASE CHECK INDIVIDUAL MEALS TO BE SERVED)

| DATE | DATE | DATE | DATE | DATE | DATE | DATE |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| BREAKFAST <input type="checkbox"/> | BREAKFAST <input type="checkbox"/> | BREAKFAST <input type="checkbox"/> | BREAKFAST <input type="checkbox"/> | BREAKFAST <input type="checkbox"/> | BREAKFAST <input type="checkbox"/> | BREAKFAST <input type="checkbox"/> |
| LUNCH <input type="checkbox"/> | LUNCH <input type="checkbox"/> | LUNCH <input type="checkbox"/> | LUNCH <input type="checkbox"/> | LUNCH <input type="checkbox"/> | LUNCH <input type="checkbox"/> | LUNCH <input type="checkbox"/> |
| DINNER <input type="checkbox"/> | DINNER <input type="checkbox"/> | DINNER <input type="checkbox"/> | DINNER <input type="checkbox"/> | DINNER <input type="checkbox"/> | DINNER <input type="checkbox"/> | DINNER <input type="checkbox"/> |

OTHER FOOD SERVICES REQUESTS: _____

SPC BUILDING USE: PLEASE LIST ALL SPC FACILITIES TO BE USED DURING THE CAMP AND INDICATE DATES AND TIME OF USAGE.

| FACILITY NAME | DATE/TIME | DATE/TIME | DATE/TIME | DATE/TIME | DATE/TIME | DATE/TIME | DATE/TIME |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
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REGISTRATION INFORMATION: CAMP FEE TO BE CHARGED TO CAMPERS: _____ PER CAMPER

DATES AND TIMES OF CAMP REGISTRATION: _____

PLACE OF REGISTRATION: _____

OTHER NOTES: _____

***** FOR OFFICE USE ONLY *****

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| | Camp Facilities Booked |
| | Dorm Directors/Housing notified |
| | Great Western Notified of Meals and Menus |
| | Registration Forms Received |
| | Child Abuse Training Forms Received from All Camp Staff |
| | Payroll Information Received for Processing |
| | Camp Funds Received and Processed/Deposited |
| | Contract Issued |
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