

2024 External 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.

	Requested Time	Requested Start Date	Requested End Date
Breakfast			
Number of Guests (Breakfast)			
Lunch			
Number of Guests (Lunch)			
Dinner			
Number of Guests (Dinner)			

Any Additional Comments _____

Please complete the following pages for your location request.

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

Submitted

Requester Signature:

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 & Gym Use Only</i>)	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Public Safety (Required for all events) #Officers _____ Cost \$ _____	<input type="checkbox"/> Required	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Facilities Fees after normal business hours if overtime is required: C&W: \$ _____ Staff: \$ _____	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Cynthia Gomes (Parking Lots)	<input type="checkbox"/> Applicable	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: