



2018 Summer Camp Registration

1. Name of Camp: _____
2. Sponsor for the Camp: _____
3. Expected Number of Participants: _____
4. Dates of the Camp: _____
5. Is This A Day Camp? _____
6. What are the Hours? _____
7. Does the Camp Require Housing? _____
8. Does this Camp Require Meals? _____
9. Cost to attend Camp: _____
10. What is the relationship of this camp to the University? _____

11. Is this Camp Funded by a Grant?: ____ Yes, ____ No: Is So Name Grant: _____

12. What is the purpose of this camp? _____

13. Description of camp: _____

14. Who is eligible to attend the camp: _____

15. List the Contact Person(s) and/or Department if applicable for this camp:

- a. Department/College: _____
- b. Director: _____
 - i. Address: _____
 - ii. Tel: _____
 - iii. Email: _____
- c. Additional Contact: _____
 - i. Address: _____
 - ii. Tel: _____
 - iii. Email: _____

16. Web Address for Registration (if applicable): _____

17. Would like to be listed on the University Website: ____ Yes, ____ No

18. Physical Location of Camp: _____

19. Have you booked event with Special Events? ____ Yes, ____ No

20. Have your Administrators, Instructors, Student Workers and/or Volunteers gone through training for Minors within the last two years?: ____ Yes, ____ No (Please contact the Office of Compliance)

21. Any Additional Information: _____

Please complete this form and return it to:

Mr. Shannon Broussard
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Office of Special Events
Sterling Student Center – Room 229
3100 Cleburne. Texas 77004
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