

A&M-CC INSTITUTIONAL EVENT – CAMPS & PROGRAMS FOR MINORS

Return To: Joe Miller, Community Outreach, Unit 5854 Phone: 825-5967 joseph.miller@tamucc.edu

A&M-CC Responsible Person/Coordinator: _____ Extension: _____

A&M-CC College/dept. sponsoring the event: _____ Fax: _____

E-mail address: _____

Identify co-sponsors (if applicable): _____

Title of Event: _____

Date(s): _____ Time(s): _____

Identify facility/facilities reserved and room number(s): _____

Please provide the following information:

Account # _____ Account Title: _____

Account Administrator Name: _____ Ext. _____

If an account # can not be provided *at this time*, please explain why:

- Student Organization Account # in process
 Other _____

Number of people attending: _____ How many people are not A&M-CC staff/faculty? _____

Ages of Participants _____

Purpose of event and benefit to A&M-CC: _____

Have you reviewed University Rule 24.01.06.C1 as well as System Policy 24.01.06 and do you confirm full compliance with it?

No _____ **Yes** _____

May we share information regarding this event with Public Affairs? No ___ Yes ___

Will Campus Housing be required? No ___ Yes ___

Will food service be required? No ___ Yes ___

(Please Note: CHARTWELLS has exclusive food service rights in all buildings on the A&M-CC campus.)

Will Chartwells be the food service provider? No ___ Yes ___

Will fees be charged to attend this event? No ___ Yes ___ Amount/person: _____

Will your dept./office be reimbursed for use of facilities and services? No ___ Yes ___

Is this a fund raising event? No ___ Yes ___

Will fees cover only recovery costs? No ___ Yes ___

Will a TAMUS approved waiver of liability be fully completed for all participants prior to the event?

No ___ **Yes** ___

Will TAMUS approved supplemental insurance be procured prior to the event? No ___ Yes ___

Will Child Protection Training and a Criminal Background Check be completed for all individuals working with minors through this program prior to the event? No ___ Yes ___

Responsible Person/Program Coordinator Name (please print)

Date

Signature

Title

Supervisor Approval

Date