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