Arkansas State University
Summer Camp and Conference
Housing Registration Form

Residence Life Office

Office Use Only:

Building Assignment: _____
Date assigned: _____ Initials: _____
Date confirmed: _____ Initials: _____

(Please type the following information)

Contact Person: _____ *Date:* _____

Billing Address: _____

City, State, Zip: _____ *E-mail address:* _____

Cell Phone: _____ *Work Phone:* _____ *Fax number:* _____

Camp Information:

Camp Name: _____ *Organization:* _____

Camp Contact: _____ *Email Address:* _____ *Cell Phone:* _____

Brief Description of camp: _____

_____

Dates Requested: _____, 20_____ to _____, 20_____

Building Requested (Not Guaranteed):
- ☐ *Northpark Quads (Single occupancy)*
- ☐ *Kays (Double occupancy)*
- ☐ *Collegiate Park (Extended stay & Interns)(Single occupancy)*

Check-in Date: _____ *Check-in Time:* _____

Check-out Date: _____ *Check-out Time:* _____

Meals requested: *Yes:* ☐ *No:* ☐

Estimated Attendance:

Participants:

Males:	_____	*Staff Males*:	_____	
Females:	_____	*Staff Females*:	_____	
Total:	_____	*Total Staff:*	_____	*Total participation:* _____

Kays Hall: All rooms requested will be double occupancy, unless otherwise stated below.

Single Room Request

Men _____
Women _____
Total _____

Please return registration form to: Residence Life Office P.O. Box 2774 State University, AR 72467
Phone: 870-972-2042 Fax: 870-972-2561 www.astate.edu