

GRAMBLING STATE UNIVERSITY

OFFICE OF BUSINESS SERVICES Summer Camps/Conferences Request Form

Complete the form below to request space for a camp or conference. You will receive a confirmation that request has been submitted. Please keep in mind that the information you provide will be used to request space and accommodations. Actual dates and space arrangements will not be confirmed until you sign the formal agreement indicating the University's intent to host your program and a scheduling deposit will be due at that time

TYPE OF CAMP/CONFERENCE:				
University Sponsored Exte	rnal Group			
CONTACT INFORMATION				
Name of Group:				
Contact Person:		1		
Address:				
City, State, Zip:				
Telephone:				
Fax:		1		
Email Address:				
PROGRAM INFORMATION				
Camp/Conference Name:				
Age Range/Breakdown of Participants:				
Anticipated Number of Attendees:				
Anticipated Number of Adult Counselors (+18 years of age)				
Requested Start Date of Event:				
Requested End Date of Event:		1		
Alternate Dates for Program:				
Type of Program: Day Overnight				
How many total overnight residents (include counselors):				
Please provide a brief description of the scope of	of camp (religious, educational, sports, etc.). What type of acti	vities will be held?		
HOUSING & MEAL INFORMATION				
Check-in Time & Date:				

Check out Time & Date:					
Type of Housing Requested:					
Traditional (\$25 per night per part Double Occupancy (\$35 per night	• ′				
Please indicate the type of meals you					
Standard Breakfast (\$7 per guest)					
Standard Lunch Meals (\$8 per gu	est)				
Standard Dinner Meals (\$9 per gu	uest)				
Please detail any special dietary/cater	ring needs you may have during your	r stay (pizza parties, vegeta	arian, etc):		
NOTE: All meals will be served in McCall Dining Hall. If you request box lunches the participants will need to pick up those lunches in McCall before meeting in the designated area. All food [1] consumed on campus must be prepared by the Sodexo Food Services at Grambling State. Groups will be billed for the guarantee number, due five business days in advance of the event, or the actual number, whichever is greater. MEETING/RECREATIONAL FACILITIES What type of space do you need? Meeting Space? Recreational Space? Special Event Space? Number of Classrooms Sheet Describe your requirements: NOTE: Additional Fees may be applicable depending on the space, type of equipment needed, and the complexity of the setup such as rental fees, AV equipment fees, and personnel fees required. PLEASE INDICATE YOUR REQUESTED GSU FACILITIES:					
MISCELLANEOUS		CLASSROOMS/LECTURE	E HALLS		
Grambling Hall (Auditorium)	Date/Time:	☐ Charles P. Adams Hall	Date/Time:		
T.H. Harris Auditorium	Date/Time:	☐ Brown Hall	Date/Time:		
Assembly Center	Date/Time:	☐ Carver Hall/Annex	Date/Time:		
☐ Men's Gymnasium	Date/Time:		Date/Time:		
Robinson Stadium	Date/Time:	T.L James Hall			
☐ Black & Gold Room	Date/Time:	☐ Nursing Building	Date/Time:		
☐ Movie Theater Room	Date/Time:	Performing Arts Center	Date/Time:		
☐ Intramural Center	Date/Time:	☐ Jacob T. Stewart Hall	Date/Time:		
Eddie G. Robinson Museum	Date/Time:	☐ University Library	Date/Time:		
OTHER:	Date/Time:	☐ Washington-Johnson	Date/Time:		
		☐ Woodson Hall	Date/Time:		