

ALCORN STATE UNIVERSITY

2018 Summer Conference Housing Reservation Request Form

Camp/Conference: _____

Department sponsoring camp/conference: _____

Director/sponsor: _____ **Email:** _____

Phone: _____ **Cell phone:** _____

Mailing Address: _____

Camp Category (check all that apply)

Academic ___ Educational ___ Recreational ___ Religious ___ Sport ___

Staff Check-In Date: _____ Time: _____ Check-out date: _____ Time: _____

Camp Check-In Date: _____ Time: _____ Check-out date: _____ Time: _____

Expected # of participants:

Males _____ Females _____ Total _____

Male counselors _____ Female counselors _____ Total _____

of Double rooms requested: Male _____ Female _____ Total _____

of Single rooms requested: Male _____ Female _____ Total _____

Housing Spaces

- Apartment (Single-occupancy bedrooms in a shared apartment with kitchenette and semi-private bath)
- Suite (Two double occupancy bedrooms with adjoining semi-private bathroom)
- Traditional (Double occupancy bedrooms with shared bathroom and shower facilities on each floor)

Will anyone from your group have special accommodation needs?

Yes No Unsure

Will your group require on-campus parking?

Yes No Unsure

Payment Information:

PO # _____

Check # _____

Outside camps/conferences are required to have an Alcorn State University Sponsor (Department) in order to use university facilities.

Department Sponsor Signature _____ **Date** _____

Note: Please submit request form to Ms. Watts via email at ywatts@alcorn.edu.