**2017 Conference/Camp Intent Form**

**Conference/Camp Title**:

**Sponsoring Department or Organization**:

**Contact Information**

**Name**: **Title**:

**Address**:

**Phone**: **Email**:

**Billing Information** (If different from above)

**Name**: **Title**:

**Address**:

**Phone**: **Email**:

**For Campus Departments: Are you paying with an**:

□ ISR □ Foundation Account # □ Accounts Receivable

**Conference/Camp Information**

**Description of conference/camp** (activities, age range of participants, etc.):

**Conference/Camp Website**:

**Will this camp have minors?:** □ Yes □ No

**Required: On-Site Emergency Contact and Cell Phone**:

**Please list any additional spaces on campus you will need Conference and Guest Services to reserve** (e.g. banquet rooms, BreakZone, pool, gym, etc.) **Please include dates and times:**

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**Lodging Information** (if your group needs to be housed by gender, please provide estimated numbers, otherwise indicate your total participants in the total line)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Staff Check-In** | **Participant Early Arrival** | **Participant Check-In** | **Participant Check Out** | **Participant Late Departure** | **Staff Check Out** |
| **Dates** |  |  |  |  |  |  |
| **Estimated # of Females** |  |  |  |  |  |  |
| **Estimated # of Males** |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

**Preferred Building Type**: □ Air Conditioned

□ Traditional Style □ Suite Style □ Hotel Style

□ Non-Air Conditioned

□ Traditional Style □ Suite Style

**Prefer for participants to be housed in**: □ Singles □ Doubles

**Prefer for staff to be housed in**: □ Singles □ Doubles

**Please list any additional spaces you will need in the Residence Hall** (room for camp store, access to a lounge, etc.):

**Meal Information** (*For residential camps, full meal plans are required. Exceptions may be made, on a limited basis, for catered or off-site meals*)

**Participant first meal** (breakfast, lunch, or dinner) **and date**:

**Participant last meal** (breakfast, lunch, or dinner) **and date**:

**Staff first meal** (breakfast, lunch, or dinner) **and date**:

**Staff last meal** (breakfast, lunch, or dinner) **and date**:

**Preferred Meal Times** (*Please note that during times of high volume, time adjustments may be required)*

**Breakfast**: **Lunch**: **Dinner**:

**Which, if any, meals will commuters eat on campus? Estimated # of commuters:**

**Which, if any, meals are being requested to be catered or eaten off site?**

**Client Signature**: **Date**:

**Please return completed form to:**

Conference & Guest Services **Email**: conferences@vt.edu

134 New Hall West (0919) **or Fax:** 540-231-6818

190 West Campus Drive

vt_shieldBlacksburg, VA 20461

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