

HBU.EDU

University Events & Conferences
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Houston, TX 77074
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**Summer Programs
PRIOR ARRIVAL FORM**

(This form due 30 business days prior to your camp's campus arrival. It can be sent to the Office of University Events & Conferences.)

Program Name:	Dates of Program:
Program Coordinator:	Program Coordinator Phone #:

HOUSING COUNT

RESIDENCE HALL BEDS

of Residence Hall beds for female campers: # _____
of Residence Hall beds for male campers: # _____
of Residence Hall beds for female staff/leaders: # _____
of Residence Hall beds for male staff/leaders: # _____

Total number of Residence Hall beds: # _____

PARTICIPANT AND STAFF/LEADER COUNT

of participants and staff housed in residence halls: **Participants:** # _____ **Staff:** # _____ **Total:** # _____

COMMUTER COUNT

of commuter participants and staff: **Participants:** # _____ **Staff:** # _____ **Total:** # _____

CAMPER CHECK-IN/REGISTRATION

Date: _____ Time (any time *after* 2 p.m.): _____
Location: _____

CAMPER CHECK-OUT/DEPARTURE

Date: _____ Time (any time *before* 10 a.m.): _____
Location: _____

STAFF/LEADER CHECK-IN/REGISTRATION

Date: _____ Time (any time *after* 2 p.m.): _____
Location: _____

STAFF/LEADER CHECK-OUT/DEPARTURE

Date: _____ Time (any time *before* 10 a.m.): _____
Location: _____

MEDIA SERVICES

Indicate which service is needed:

Room: _____ Date: _____ Time: _____

- Projector Computer
- Sound Mic
- TV/DVD

Room: _____ Date: _____ Time: _____

- Projector Computer
- Sound Mic
- TV/DVD

Room: _____ Date: _____ Time: _____

- Projector Computer
- Sound Mic
- TV/DVD

Room: _____ Date: _____ Time: _____

- Projector Computer

Group Name: _____

Sound Mic

TV/DVD

Room: _____ Date: _____ Time: _____

Projector Computer

Sound Mic

TV/DVD

Will your group be using a computer lab? Yes No

INTERNAL CAMPS, Please Note: Filling out the Media Services portion of this form does *not* guarantee that your requested equipment and/or service will be available. To ensure that the requested equipment and/or service is available and prepared for you, please fill out a Media Services Request by [clicking here](#), or contact the Office of University Events & Conferences with questions or concerns.

FACILITIES SET-UP

Request for tables and chairs.

Room: _____ Date: _____ Time: _____

Needs: _____

Room: _____ Date: _____ Time: _____

Needs: _____

Room: _____ Date: _____ Time: _____

Needs: _____

Please Note: filling out the Facilities Set-Up portion of this form does *not* guarantee that your requested equipment will be available. To ensure that the requested equipment is available and prepared for you, please fill out a setup form for the respective space ([Dunham Theater, Belin](#)

Chapel, McNair Hall, Bradshaw Fitness Center, or the General Form for all other spaces), or contact the Office of University Events & Conferences with any questions or concerns.

This section *MUST* be completed.

On-site contact person: _____

On-site contact's cell phone number: _____

On-site contact's housing location: _____

Signature of Coordinator _____ Date _____

Print Name _____