## Conference & Event Services Summer 2024 Housing Request



Dates of Event	Event or Camp Name	
Name of Organization		
Name of Contact Person	Title	
Primary Contact Number	Campus Number (If Applicable) Email Address	
Type of Event and Details		
Continued		
Guest Information:		
Day and Time of Check-In	Day and Time of Check-Out	
Age of Participants:	Number of Staff: = Females	Total Number
Number of Single Rooms:		
If any special needs, please exp	olain:	
Applicant Signature	Date	
Applicant Name (Print)		
	ERVES THE RIGHT TO IMMEDIATELY TERMINATE THE PRIVILEDGE OF USE R ORGANIZATION WHO REFUSES TO COMPLY WITH UNIVERSITY RULES & F	
FOR OFFICE USE ONLY		
CONFERENCE & EVENT SERVICE	ES DATE	