

## Villanova University Office of Conference Services Camp Information Sheet #3

Please fax (610-519-7869) or e-mail (stefanie.austinat@villanova.edu) this Info Sheet to Conference Services by the date indicated below and keep a copy for your records. With any questions or comments, please call us at 610-519-7790. **Both sides must be completed.**

**Camp Info Sheet #3 - Due**

Today's Date: \_\_\_\_\_

### Section 1:

Camp Name: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Hours of Program Check-In: \_\_\_\_\_ to \_\_\_\_\_  
Hours of Housing Check-In: \_\_\_\_\_ to \_\_\_\_\_ (Standard: 3pm)

Date of Departure: \_\_\_\_\_ Hours of Program Check-Out: \_\_\_\_\_ to \_\_\_\_\_  
Hours of Housing Check-Out: \_\_\_\_\_ to \_\_\_\_\_ (Standard: 11am)

Date(s) of Staff Arrival: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

Early Arrivals, per arrangement (#s incl. staff / Dates): \_\_\_\_\_ / \_\_\_\_\_

Late Departures, per arrangement (#s incl. staff / Dates): \_\_\_\_\_ / \_\_\_\_\_

Desired Registration Sites for

Camp/Program\*: \_\_\_\_\_ Housing\*: \_\_\_\_\_

(\* Note: Please remember to order any tables/chairs needed through Athletics!)

### Section 2:

Primary Camp Administrator/Planner: \_\_\_\_\_  on site  off site

Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Associate Administrator/Planner (on site): \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Camp Billing Address: \_\_\_\_\_

Contact for housing/dining arrangements:  Primary Planner  Associate Planner  Other \_\_\_\_\_

Contact to call for on-site emergencies and off-hour arrivals: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

***Form continues on next page!***

**Section 3: (Guarantees)**

**A. Housing/Commuters**

	Residents (M/F)	Commuters (M/F)	Total (M/F)
Number of Staff	/	/	/
Number of Participants	/	/	/
Total	/	/	/

**B. Dining**

List your **guaranteed numbers of total diners** for on-campus Dining Hall meals in the appropriate fields for each day of your stay. (Please continue on separate sheet, if necessary.)

Day/Date	Breakfast #s	Lunch #s	Dinner #s

**C. Catering**

Describe your on-campus Catering needs by indicating the type of function, location and approximate time for the appropriate days. **Include guaranteed numbers.** Catering functions include picnics, tote-bag meals, socials etc. You will also need to contact Catering (610-519-7273) to place this Catering order and Ron Diment (610-519-7580) to discuss locations for your functions.

Day/Date	Type of Function	Location	Time	Number of Diners

Do you have individuals with disabilities in your group?  Yes\*  No  
 Do you have individuals with special dietary requirements in your group?  Yes\*  No

\*If yes, please provide details below and call 610-519-7790 for arrangements.

**Notes:**

---



---