

## **UNIVERSITY OF MIAMI – CAMP REGISTRATION FORM**

## **Contact Information**

Name of Camp:						
Dates of Camp: Arrival	Camp: Arrival Departure					
Description of Camp:						
Web Site:						
	Permanent Business Address Information					
Legal Name of Organization/Busin	ess:					
Address:						
	<del></del>					
Business Phone: ( )	Business FAX ( )					
Contact Person Name/Title:						
1. Camp Director:	ite (While on UM Campus) Camp Contact Info (Required)  E-mail address:					
	E-mail address:					
	nployee):					
Title and Department:						
	<del>-</del>					
	Cell Phone: ( )					
	<u>Affidavit</u>					
I,documents is true and correct to t	, attest that the information on this form and attached the best of my knowledge.					
Signature and Date:						

## **Camp Times/Locations**

Primary UM Campu				
Additional Facilities	(Lodging, Meals, Recreation,	etc.):		
Specific Structure:	☐ Day Conf./Camp/other, Mon-Fri ☐ Overnight Conf/Camp/other, Mon-Fri		☐ Day Conf./Camp/other, Includes Sat or Sunday ☐ Overnight Conf./Camp/other, Includes Sat/Sur	
Specific Times:	Pre-Care begins	Lunch	Break:t	0
	Sessions Begins			
	Sessions Ends	Other	Break?:	to
	Aftercare Ends		Туре:	
Parent/Camper Pick	cup and Drop-off Location (s):			
Will Parking Passes	Be Required for Conf./Camp/	other Adminis	tration Counselor	)
□ No	☐ Yes (number)			
Conf./Camp/other I	Participants: Total Expected p	er Day	_Total for Conf./C	amp/other
Conf./Camp/other I	Participant Age (s):			
☐ Adult (23+)	☐ College(18-22) ☐ -	Teen (13-17)	☐ Youth (9-12)	☐ Elementary (5-8)
#	#	#	#	#
Staff/Counselors on	Duty per Day:	Ratio of Partic	pants to Staff/Cou	inselors:
	ining, Certifications or Experi			ade teachers, School of Education S

## Please attach copies of the following:

- Summer Camp Daily Program or Schedule
- Flyer, Brochure, or Letter advertising Summer Camp, or other print publicity
- Any additional documents that explain or clarify details related to the Summer Camp