UNIVERSITY OF MIAMI – CAMP REGISTRATION FORM

Contact Information

Name of Camp: ______________________________________________________________________________
___________________________________________________________________________________________

Dates of Camp: Arrival __________________________ Departure____________________________________

Description of Camp: _________________________________________________________________________
___________________________________________________________________________________________

Web Site: __________________________________________________________________________________

Permanent Business Address Information

Legal Name of Organization/Business: __________________________________________________________

Address: ___________________________________________________________________________________

City/State/ZIP: _____________________________________________________________________________

Business Phone: (       ) _______________________ Business FAX (       ) ______________________________

Contact Person Name/Title: ___________________________________________________________________

E-mail address: _____________________________________________________________________________

On-Site (While on UM Campus) Camp Contact Info (Required)

1. Camp Director: ___________________________________________________________________________

   Cell Phone: (      ) ____________________________ E-mail address: __________________________________

2. Additional Camp Name/Title:  _______________________________________________________________

   Cell Phone: (      ) ____________________________ E-mail address: ________________________________

3. University Camp Liaison (UM Employee): ______________________________________________________

   Title and Department: ______________________________________________________________________

   Campus e-mail: ____________________________________________________________________________

   UM Office Phone: (    ) _______________________ Cell Phone: (    ) ______________________________

Affidavit

I, ________________________________, attest that the information on this form and attached documents is true and correct to the best of my knowledge.

Signature and Date: __________________________________________________________________________

May 21, 2010
Camp Times/Locations

Primary UM Campus Facility: ______________________________________________________________

Additional Facilities (Lodging, Meals, Recreation, etc.): __________________________________________
________________________________________________________________________________________

Specific Structure:  □ Day Conf./Camp/other, Mon-Fri       □ Day Conf./Camp/other, Includes Sat or Sunday
□ Overnight Conf/Camp/other, Mon-Fri       □ Overnight Conf./Camp/other, Includes Sat/Sun

Specific Times: ___________ Pre-Care begins        Lunch Break: ________ to __________
___________ Sessions Begins
___________ Sessions Ends        Other Break?: ________ to __________
___________ Aftercare Ends        Type: ______________________

Parent/Camper Pickup and Drop-off Location(s): __________________________________________________________

Will Parking Passes Be Required for Conf./Camp/other Administration Counselor?
□ No       □ Yes (number) ______________________________________________

Conf./Camp/other Participants: Total Expected per Day _______ Total for Conf./Camp/other _________

Conf./Camp/other 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 Participants to Staff/Counselors: ________

Staff/Counselor Training, Certifications or Experience (UM Faculty or Staff, Miami-Dade teachers, School of Education Students, etc.) ________________________________________________________________
_____________________________________________________________________________________________

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

May 21, 2010