# The Texas A&M University System

## Camp/Retreat/Field Trip/Event Application

<table>
<thead>
<tr>
<th>Type of Program</th>
<th>☐ Camp (K-12\textsuperscript{th} Grade)</th>
<th>☐ Sports Camp (K-12\textsuperscript{th} Grade)</th>
<th>☐ Special Event</th>
</tr>
</thead>
</table>

### System Member Information

- Name of Department:
- Title:

### Coordinator Information

- Phone Number:
- Fax Number:
- Website:

## INFORMATION FOR INSURANCE

<table>
<thead>
<tr>
<th>REQUESTED COVERAGE</th>
<th>PLEASE ATTACH ADDITIONAL PAGES IF NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Dates</td>
<td>Start Date 00/00/00</td>
</tr>
<tr>
<td></td>
<td>End Date 00/00/00</td>
</tr>
<tr>
<td></td>
<td>Total # of Days</td>
</tr>
<tr>
<td></td>
<td>Estimated # of Participants</td>
</tr>
<tr>
<td></td>
<td># of Student Counselors</td>
</tr>
</tbody>
</table>

### Transportation

- System Owned: ☐
- Leased: ☐

### Ages of Participants

- Overnight: ☐
- Day: ☐

### Location of Program

- (Campus, resort, civic center, etc.)

### Brief Description of your Program

- Please make sure that your list of activities includes ANY AND ALL FREE TIME activities scheduled (PLEASE ATTACH ADDITIONAL PAGES IF NEEDED).

**List of Activities:**

### AUTHORIZATIONS:

- My signature acknowledges request for enrollment in the specified insurance coverage.

- Signature of Department Head or Liaison: ____________________________
- Date: ____________________________

### NOTE

- Please provide a copy of your itinerary and brochure (if applicable) with the application.

- Each Participant MUST sign a waiver in order to have General Liability coverage. You will need to list each camp on your matrix with an estimated number of participants, updating with ACTUAL number of participants at the end of the camp/event.

RETURN COMPLETED APPLICATION TO SYSTEM RISK MANAGEMENT FOR FURTHER HANDLING: