

# Youth Camp Information Form

Submit completed form to Risk Management Services no less than three weeks prior to the start date of the camp. This form should be delivered to DAL1, Room 357 at 7300 University Hills Blvd, Dallas, Texas 75241, or emailed to [Johnny.Bullock@unt.edu](mailto:Johnny.Bullock@unt.edu).

## Camp Information:

PERSON COMPLETING THIS FORM: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

NAME OF YOUTH CAMP: \_\_\_\_\_

MAIN LOCATION OF YOUTH CAMP: \_\_\_\_\_

## Camp Director Information:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Mobile phone: (\_\_\_\_) \_\_\_\_\_

## Secondary Person Information:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Mobile phone: (\_\_\_\_) \_\_\_\_\_

## Session Information:

### CAMP DATE(S)

Include beginning date and end dates for each camp session. Attach additional sheets if necessary. If the information provided in this form does not apply to all sessions, complete a separate *Youth Camp Information Form* for each session.

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_

### APPROXIMATE NUMBER OF PARTICIPANTS PER SESSION:

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_

### AGES OF CAMP PARTICIPANTS:

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_

### APPROXIMATE NUMBER OF CAMP STAFF:

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_ Session 4 \_\_\_\_\_

### INDICATE WHETHER THIS CAMP IS [check one]:

\_\_\_\_\_ Day Camp only

\_\_\_\_\_ Overnight Camp

### CONTACT INFORMATION FOR THE CAMP HEALTH OFFICER:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date