## Conference & Event Services Summer 2024 Housing Request



2/21

Dates of Event	Event or Camp Name	
Name of Organization		
Name of Contact Person	Title	
Primary Contact Number	Campus Number (If Applicable) Ema	ail Address
Type of Event and Details		
Continued		
Guest Information:		
Day and Time of Check-In	Day and Time	e of Check-Out
Age of Participants:	Number of Staff:	Females = Total Number
Number of Single Rooms:	Double Rooms:	
ff any special needs, please ex	plain:	
Applicant Signature	Date	
Applicant Name (Print)		
	ERVES THE RIGHT TO IMMEDIATELY TERMINAT OR ORGANIZATION WHO REFUSES TO COMPLY W	
OR OFFICE USE ONLY		