

# Conference Services

Form 7-1 1/5/2018 Page 1 of 2

### Request to Host a Camp/Conference

Artington Hosting Department (if applicable):  ddress:  ity:	CAMP/CONFERENCE	INFORMATI	ON					
ddress:  ity:	Name of Camp/Conference:							
State:   Zip:   Website:   Website:   Day Camp   Day Ca	<b>UT Arlington Hosting Departme</b>	nt (if applicable):						
ype of Camp/Conference:	Address:							
tart Date:  Inticipated Attendance: Overnight: Commuter: Day/Camp:  ge of Participants:  CONTACT INFORMATION  Camp/Conference Director(s):  aytime Phone: Mobile/Emergency Phone: Email:  apytime Phone: Mobile/Emergency Phone: Email:  IARKETING INFORMATION  For UTArlington Division/Department Programs Only  Yould you like your camp or conference to be featured in print, online, electronic and/or ocial networking marketing materials? Pes No  lease provide a quick summary of your camp or conference to be used for marketing to the community:	City:	State:	te: Zip: Website:		Vebsite:			
Inticipated Attendance: Overnight: Commuter: Day/Camp:  ge of Participants:  CONTACT INFORMATION  amp/Conference Director(s):  anytime Phone: Mobile/Emergency Phone: Email:  amp/Conference Coordinator(s):  anytime Phone: Mobile/Emergency Phone: Email:  IARKETING INFORMATION For UT Arlington Division/Department Programs Only  Yould you like your camp or conference to be featured in print, online, electronic and/or ocial networking marketing materials?	Type of Camp/Conference:	Overnight	Over	night and Comr	nt and Commuter Day Camp			
ge of Participants:  ONTACT INFORMATION  Tamp/Conference Director(s):  aytime Phone:   Mobile/Emergency Phone:   Email:  Tamp/Conference Coordinator(s):  aytime Phone:   Mobile/Emergency Phone:   Email:  IARKETING INFORMATION   For UT Arlington Division/Department Programs Only  Yould you like your camp or conference to be featured in print, online, electronic and/or ocial networking marketing materials?   Yes   No  lease provide a quick summary of your camp or conference to be used for marketing to the community:  legistration Fee Per Participant:	Start Date:			En	nd Date:			
CONTACT INFORMATION  amp/Conference Director(s):  aytime Phone:   Mobile/Emergency Phone:   Email:    amp/Conference Coordinator(s):   Email:    aytime Phone:   Mobile/Emergency Phone:   Email:    IARKETING INFORMATION   For UT Arlington Division/Department Programs Only    //ould you like your camp or conference to be featured in print, online, electronic and/or   Yes   No    lease provide a quick summary of your camp or conference to be used for marketing to the community:  egistration Fee Per Participant:	Anticipated Attendance: Overnight:			Commuter: Day/Camp:			Camp:	
Camp/Conference Director(s):  aytime Phone:  Mobile/Emergency Phone:  Email:  ARKETING INFORMATION  For UT Arlington Division/Department Programs Only  Yould you like your camp or conference to be featured in print, online, electronic and/or or o	Age of Participants:							
Camp/Conference Director(s):  aytime Phone:  Mobile/Emergency Phone:  Email:  ARKETING INFORMATION  For UT Arlington Division/Department Programs Only  Yould you like your camp or conference to be featured in print, online, electronic and/or or o	CONTACT INFORMAT	ION						
Anytime Phone:  Anytime Phone:  Mobile/Emergency Phone:  Mobile/Emergency Phone:  Email:  Mobile/Emergency Phone:  Email:  Mobile/Emergency Phone:  Email:  Mobile/Emergency Phone:  For UT Arlington Division/Department Programs Only  Mould you like your camp or conference to be featured in print, online, electronic and/or or o	CONTACT INFORMAT	ION						
Amp/Conference Coordinator(s):  Paytime Phone:  Mobile/Emergency Phone:  For UT Arlington Division/Department Programs Only  Fould you like your camp or conference to be featured in print, online, electronic and/or obtain networking marketing materials?  Possible a quick summary of your camp or conference to be used for marketing to the community:  Registration Fee Per Participant:	Camp/Conference Director(s):							
ARKETING INFORMATION  For UT Arlington Division/Department Programs Only  Yould you like your camp or conference to be featured in print, online, electronic and/or point networking marketing materials?  Lease provide a quick summary of your camp or conference to be used for marketing to the community:  Legistration Fee Per Participant:	Daytime Phone:	Mobile/Em	ergency Phor	ne:	Email:			
TARKETING INFORMATION  For UT Arlington Division/Department Programs Only  Yould you like your camp or conference to be featured in print, online, electronic and/or ocial networking marketing materials?  Lease provide a quick summary of your camp or conference to be used for marketing to the community:  Legistration Fee Per Participant:	Camp/Conference Coordinator(s	s):						
Vould you like your camp or conference to be featured in print, online, electronic and/or ocial networking marketing materials? Yes No lease provide a quick summary of your camp or conference to be used for marketing to the community:    Segistration Fee Per Participant:	Daytime Phone: Mobile/Emergency Pho			one:		Email:		
Vould you like your camp or conference to be featured in print, online, electronic and/or ocial networking marketing materials? Yes No lease provide a quick summary of your camp or conference to be used for marketing to the community:    Segistration Fee Per Participant:	MADVETING INFORM	ATION		Eon III	T Aulington Div	isian/Danaw	tmont Duoguoma Onl	ı
lease provide a quick summary of your camp or conference to be used for marketing to the community:  legistration Fee Per Participant:	MARKETING INFORM	IATION		ror U	I Arington Div.	ision/Depar	tment Programs Om	ıy
egistration Fee Per Participant:			d in print, onli	ine, electronic a	nd/or	Yes	☐ No	
	Please provide a quick summary	of your camp or c	onference to l	be used for ma	rketing to the con	nmunity:		
lease list the target age group or grade levels for your program (ex. ages 8-12 or grades 4-6):	Registration Fee Per Participant	:						
	Please list the target age group o	r grade levels for y	our program	(ex. ages 8-12	or grades 4-6):			
ne Office of Guest Services reserves the right to edit as necessary and review your website for accurate content pertaining to UT Arlington and y		- 1 - 1 1 4 4 - 12 4		1 .	1 '. C		IND A 1.	

## SUMMER CAMP GUIDE

request changes as needed prior to publishing any information.

UT Arlington provides two comprehensive Summer Camp Guides outlining information and requirements for hosting a summer program on campus. One guide is available for UT Arlington Division/Department Programs and a second guide is available for External Programs. Camp Directors are responsible for the content contained in the Summer Camp Guide designated for their program type. Policies and Procedures in the Summer Camp Guides may change. The Office of Guest Services will communicate these changes. Camp Directors are responsible for being in compliance. Both Summer Camp Guides are available online at www.uta.edu/conferences.

University of Texas Arlington • Guest Services

Box 19349 • 300 W. First Street • Arlington, TX 76019-0349

T 817-272-6576 • F 817-272-5339

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.



#### Conference Services

## Request to Host a Camp/Conference

Form 7-1 1/5/2018 Page 2 of 2

### STATEMENT ON INSURANCE

#### **UT Arlington Division/Department Programs**

Systemwide Camp Program Insurance is required through the UT System Office of Risk Management. The Camp Program provides Excess Accident and General Liability coverage to participants and staff of enrolled, UT-owned and operated camps held throughout the year. Information and applications for summer is typically available by mid/late April. Insurance information will be emailed to Camp Directors and available online at www.uta.edu/conferences.

### **External Programs**

External Programs (herein after known as Licensee) must provide and maintain, during the term of the program, a policy of comprehensive general liability and property damage insurance issued by a company authorized to conduct business in the state of Texas as additional insureds, providing coverage for bodily injury and death of persons and damage to property that result directly or indirectly from the negligent or intentional act or omission of, or from the use or condition of any property, equipment, machinery, or vehicle used, operated, or controlled by, the Licensee or its officers, employees, agents, or subcontractors while on property owned by the U.T. System or a component institution.

The general liability policy must include Sexual Misconduct/Sexual Abuse coverage or Licensee must provide and maintain a separate Sexual Misconduct/Sexual Abuse policy and name the UT Parties as additional insureds. The limit of liability for each occurrence under the aforementioned policies shall not be less than one million dollars (\$1,000,000) for bodily injury, abuse, or death of a person and one million dollars (\$1,000,000) for property damage. Licensee and its insurer also agree to provide a complete waiver of subrogation in favor of the U.T. System Parties. Additional insured status and waiver of subrogation shall be evidenced by signed policy endorsements or policy declarations.

This insurance needs to be provided before Licensee makes use of UT Arlington's facilities. Licensee shall deliver to UT Arlington's Guest Services Office a certificate of insurance, policy endorsements, and a copy of said policies establishing the existence of all insurance required to the reasonable satisfaction of UT Arlington.

### SIGNATURE REQUIRED

Submitted by:

Director of University Center

This request does not constitute a Contract or Agreement with UT Arlington. At a later date the Camp Director will receive an official Agreement for any housing, facilities and dining. Failure to comply with the requirements listed on this form and those in the Agreement will result in cancellation of the camp/conference.

Name of Event or Conference (Licensee)	Name of Conference (Licensee) Representative (print name)
Signature	Date
Approved by:	

#### Please Submit Form To:

Date

University of Texas Arlington • Guest Services

Box 19349 • 300 W. First Street • Arlington, TX 76019-0349

T 817-272-6576 • F 817-272-5339

Email: kirstin@uta.edu

Eman. Kusune uta.