

**East Central University – Housing and Residence Life
Summer Program Reservation Form**

CONFERENCE /CAMP TITLE: _____

CONFERENCE CHECK-IN: Day ____ Date ____ Time ____ CHECK-OUT: Day ____ Date ____ Time ____

CONFERENCE COORDINATOR: _____ SPONSORING ORGANIZATION: _____

ADDRESS: _____ TELEPHONE: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____ E-Mail: _____

Housing Information

Type of Conference: Adult Youth # Adult Supervisors for Youth Group _____

Number of Participants in DOUBLE rooms _____

Number of Participants in SINGLE rooms (pending availability) _____

Total Number of Participants _____

Accessible Rooms Needed: Yes No If yes, # Expected _____

Early Arrivals: Yes No # Expected _____ Date _____ Time _____

Late Departures: Yes No # Expected _____ Date _____ Time _____

Needed For Registration: # of tables _____ # of chairs _____

Room Assignments Will Be Made: In Advance At Check In

By Conference Coordinator By Housing Staff

Keys Will Be Distributed: By Conference Coordinator By Housing Staff

Food Service Information

Date	Breakfast Numbers	Lunch Numbers	Dinner Numbers	Brunch Numbers (Weekend Only)