

**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: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ TELEPHONE: _____ FAX: _____

Housing Information

Type of Conference: Adult Youth If youth, # of Adult Supervisors for Group _____

Number of Participants in DOUBLE occupancy room _____

Number of Participants in SINGLE occupancy room (pending availability) _____

Total Number of Participants _____

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

Early Arrivals: Yes No If yes, # expected _____ Date _____ Time _____

Late Departures: Yes No If yes, # expected _____ Date _____ Time _____

Registration Needs: # 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