



FLORIDA A&M UNIVERSITY
UNIVERSITY HOUSING

Application (Summer Camp)

Organization: _____

Is this organization affiliate with a department or program of Florida A&M University? Yes No

Applicant's Name: _____

Work Contact Number: _____ ext. _____

Applicant Cell Number: _____

Mailing Address: _____

Are you requesting housing spaces for a summer camp? Yes No

Anticipated number of participants? _____ Age range of participants? _____

What is the purpose of the summer camp?

_____.

Anticipated Check In Date: _____

Anticipated Check In Time: _____

Anticipated number of single occupancy rooms: _____

Anticipated number of double occupancy rooms: _____

Anticipated Check Out Date: _____ Total Number of Nights: _____

Anticipated Check Out Time: _____ (Any check out after 12:00 pm will result in being charged for an additional night.)

Will any participants need of special accommodations? _____ If so, what accommodations need to be made? _____.