



STUDENT HEALTH CENTER  
ARKANSAS TECH UNIVERSITY CAMP FACILITY USE REQUEST

Name of Camp: \_\_\_\_\_

Camp Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt Contact #: \_\_\_\_\_

Camp Arrival Date: \_\_\_\_\_ Camp Start Time: \_\_\_\_\_

Camp Departure Date: \_\_\_\_\_ Camp Departure Time: \_\_\_\_\_

Age(s) of Campers: \_\_\_\_\_

No. Of Campers: Male \_\_\_\_\_ Female \_\_\_\_\_ Total: \_\_\_\_\_

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**COST**

- One Dollar (\$1.00) per camper for the camp duration (5 nights or under)
- Camps exceeding 5 days, will be charged the current listed rate on a weekly basis
- These charges will be added to your final camp bill

**RELATED INFORMATION**

- The Student Health Center is open during regular University operating hours, which is typically from 8am-5pm Monday through Friday
- Services are not available on the weekends
- Please contact the Office of Camps & Conferences for a detailed list of services that can be provided

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By completing this form and providing my signature, I understand that my camp will be charged the listed amount based on the listed rates.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

