

Villanova University Office of Conference Services

Camp Information Sheet #2

Please e-mail this Info Sheet to Conference Services by the date indicated below. Please call us with any questions or comments at 610-519-7790. **Both sides** must be completed.

Camp Info Sheet #2- Due

Today's Date: _____

Section 1:

Camp Name: _____

Describe the age range of your attendees: _____

Date of Arrival: _____ Hours of Program Check-In: _____ to _____

Hours of Housing Check-In: _____ to _____ (Standard: after 3pm)

Date of Departure: _____ Hours of Program Check-Out: _____ to _____

Hours of Housing Check-Out: _____ to _____ (Standard: by 11am)

Date(s) of Staff Arrival: _____ Number of Staff: _____

Early Arrivals, per arrangement (#s incl. staff / Dates): _____ / _____

Late Departures, per arrangement (#s incl. staff / Dates): _____ / _____

Desired Registration Sites for

Program: _____ Housing: _____

* Note: Please remember to order any tables/chairs needed through Athletics!)

Section 2:

Primary Group Administrator/Planner: _____ ☐ on site ☐ off site

Address: _____

Office Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Associate Administrator/Planner (on site): _____

Address: _____

Office Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Group Billing Address: _____

Billing Contact, if different from above: _____

Contact for housing/dining arrangements: ☐ Primary Planner ☐ Associate Planner ☐ Other _____

Contact to call for on-site emergencies and off-hour arrivals: _____

Cell Phone No./E-Mail: _____

Form continues on next page!

Section 3: **(Estimates)**

A. Housing/Commuter Estimates

* Please pay attention to gender breakdown in the columns below

	Residents (M/F)	Commuters (M/F)	Total (M/F)
Number of Staff	/	/	/
Number of Participants	/	/	/
Total	/	/	/

B. Dining Hall Meal Estimates

List your **estimated numbers of diners** for on-campus Dining Hall meals in the appropriate fields for each day of your stay (continue on separate sheet, if necessary). Please indicate the time-slot **requested** for meals below (15 min increments), we will do our best to accommodate group times, each group receives a **45- minute window** to eat a meal in the dining hall. If times vary for different days, please provide a schedule.

Breakfast (7a -9a):_____ Lunch (10:45a - 2:15p):_____ Dinner(4:15p -7p): _____

Day/Date	Breakfast #s	Lunch #s	Dinner #s

C. Catering***When ordering catering please indicate that you are a Conference Services Group**

Describe your on-campus Catering needs by indicating the type of function, location and time for the appropriate days. **Include estimated numbers.** Catering functions include: catered breakfasts/lunches/dinners, tote-bag meals, morning/afternoon refreshment breaks, receptions, evening socials or other (please explain). You will also need to contact Villanova Catering (610-519-5521 / constance.healy@villanova.edu) to place this Catering order and McKenzie Suber-Robinson (610-519-7580 / mckenzie.suber-robinson@villanova.edu) to discuss locations for your functions. Keep Conference Services informed of any last-minute changes.

Day/Date	Type of Function	Location	Time	Number of Diners

Do you have individuals with disabilities in your group? ☐ Yes* ☐ No
Do you have individuals with special dietary requirements in your group? ☐ Yes* ☐ No

*If yes, please provide details below. Conference Services will manage any arrangements with Dining Services etc. for you.

Notes:
