



Summer Camp/Conference Event Planning Form

Event Name: _____

Event Dates Requested: _____
(please provide alternate dates in case first choice is unavailable)

Ages of attendees: _____ Cost per attendee: _____

Estimated Attendance: _____

Will your event require meeting space? Yes No
(Meeting space will be assigned on a first come, first serve basis. University / Academic needs are given priority. Please fill out attached event detail form)

Will your event require on-campus housing? Yes No

Will your event require food service? Yes No
(A count for you meals will be required no later than 2 weeks prior to your check in date. Please indicate time of meals in table below.)

Please indicate which meals:

Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	EXAMPLE
								06/24/2010
Breakfast								7:00AM
Lunch								12:30PM
Dinner								6:45PM

Will your event require use of campus athletic/recreational facilities* ? Yes No
(*including swimming pool and activity center. Additional charges apply.)

- Kimbrell Arena(Large Gym): _____
- Phillips Activity Gym (Small Gym): _____
- Phillips Activity Pool: _____
- Phillips Activity Racquetball Courts: _____
- Wilford Moore Stadium/Track: _____
- North 40 Practice Field: _____

Event Contact Person: _____

Address: _____

Phone: _____ Cell: _____

e-mail address: _____

Please return to:
 McMurry University Conference & Enrichment Services Office McM Station Box 275 Abilene, TX 79697
 (325) 793-4853 Office (325) 793-4799 Fax



Summer Camp/Conference Event Detail Form

Event Name: _____

Event Dates: _____ Estimated Attendance: _____

Event Contact Person(s): _____

Address: _____

Phone: _____ Cell: _____

e-mail address: _____

Facility/Room	Date	Time In	Time Out	Additional Requests / Comments

Please include a detailed schedule of your events and return this form no later than **November 30 of each year**