

The Texas A&M University System Camp/Retreat Application

Type of Program Retreat Field Trip Camp Sports OTHER _____

Program Name _____

System Member: _____ Name of Department: _____

Coordinator _____ Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

INFORMATION FOR INSURANCE

**REQUESTED
COVERAGE**

PLEASE ATTACH ADDITIONAL PAGES IF NEEDED

	00/00/00 Start Date	00/00/00 End Date	Total # of Days	Estimated # of Participants	# of Student Counselors
Program Dates:	_____	_____	_____	_____	_____
Transportation:	_____			<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
	<small>Type of Transportation</small>			<small>Type of Event</small>	
Ages of Participants	_____			<input type="checkbox"/> Overnight	<input type="checkbox"/> Day
Location of Program	_____				
	<small>(Campus, resort, civic center, etc.)</small>				
Brief Description of your Program:	_____				

Please make sure that your list of activities includes ANY AND ALL FREE TIME activities scheduled

(PLEASE ATTACH ADDITIONAL PAGES IF NEEDED).

List of Activities: _____

AUTHORIZATIONS: My signature acknowledges request for enrollment in the specified insurance coverage and authorizes the transfer of funds from the account referenced on this application for the payment of insurance premiums.

Account No. : _____ Sub Account: _____

Signature of Department Head or Designee _____ Date _____

NOTE: Please provide a copy of your itinerary and brochure (if applicable) with the Completed application. You should refer to attached outline for information on the type of insurance coverage being offered. At the end of your program, you must submit a final list of participants. This will generate an invoice based on the actual number of participants attending your event and type of coverage chosen.

Indicate Type of Coverage Desired

Insurance Coverage Requested	
<input type="checkbox"/>	Accident Medical Coverage
<input type="checkbox"/>	General Liability Coverage

RETURN COMPLETED APPLICATION TO SYSTEM RISK MANAGEMENT FOR FURTHER HANDLING:

The Texas A&M University System
Office of the Treasurer
System Risk Management



A&M System Building – MS1262
200 Technology Way, Suite 1120
College Station, Texas 77845-3424
(979) 458-6330 (979) 458-6247 Fax