



## Summer Camp Approval Application

Name: \_\_\_\_\_

Department/Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Start and End Date: \_\_\_\_\_

Will campers be staying in the residence halls?       Yes     No

Will helpers be staying in the residence halls?       Yes     No

Will meals be provided with camps?       Yes     No

Will proceeds be deposited into a Foundation Account?       Yes     No

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### Hosted EOSC Summer Camp Fee Schedule:

Resident Hall (per night): \$8.00 for double room and \$10.00 for single room

Meals (per day): \$18.75 per day, per person

When the camp concludes, the above fees will be paid to EOSC.

\_\_\_\_\_  
Department/Organization Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Finance Signature

\_\_\_\_\_  
Date