

University Sponsored

Non-Sponsored Affiliate

3rd Party



Camp/Program Application

Camp/Program Name

UNF Department/Unit Sponsor

Camp/Program Director

Phone

E-Mail

Additional Camp/Program Contact

Phone

Additional Camp/Program Contact

Phone

Web Address(es)

Mailing Address

Camp/Program Session Dates From To # of

Anticipated Hours of Operation From To Sessions

Camp/Program Description (to include transportation needs and overnight stay, if applicable)

List of Facilities to be Used

Anticipated Number of Participants

Age Span of Participants

Permission to use the UNF trademark has been approved from the Office of Marketing & Publications:

Yes No N/A

Additional information applicable to this request to operate a camp/program

Counselor Ratios

- [5 years & younger](#)
- 1:5 for overnight and 1:6 for day
- [6-8 years](#)
- 1:6 for overnight and 1:8 for day
- [9-14 years](#)
- 1:8 for overnight and 1:10 for day
- [15-18 years](#)
- 1:10 for overnight and 1:12 for day

Counselor to Participant Ratio

Orientation was Provided to Staff

By submitting this application, I certify that I have read, understand and will complete the requirements for operating a camp/program as per UNF Regulation 6.0170R Camps and Similar Other Programs Involving Minors on Campus.

Submitted by _____ Date _____
Print Name of Camp/Program Director/Organizer

Signature of Camp/Program Director/Organizer Date

VP Use Only

Approvals: _____
 Dean/Chair/Unit Sponsor Date
 (does not apply to 3rd Party Camps/Programs)

 Director, Environmental Health & Safety Date

 Date

 App
 Background Checks
 Participants
 Insurance

Vice President, Administration & Finance

Date

last revised 11/15/2016