Camp & OLQLF Recognest

Contact Informa	ation	
CampName:		
ContactName:		
DaytimePhone:_		Fax:
CellPhone:		Email:
Relationshipto Jac	cksonvilleUniversity(faculty,staff,	alumni,student,etc.):
PreferredDates:		
Overnight ~	š ••:	Count:
Daytime ~	š ••:	z z z ⊘ ount <u>:</u> z z
If flexiblein dat	es,pleaselist other options:	
Checkin time:		Checkout time:
Location:		
Additionalinforma	ation:	
Corporationor cor	mpanyname/address:	
Housing	NO housing needed	
	rof bedsrequested: Lyoucannotexceedhis	

Facilities

Tables

Chairs

Projection

Screen

Lectern

Easels

Indicate the type and number of spaces REQUIRED for the proposed event. Provide details in the space provided. If you would like access to additional spacess optional for your participants, please list those in the details.

Classooms:		SocceiField	
		Milne Field Session ≨ ield	
Auditorium/ theater:		SoftballField SwisherGymnasium	
	9:		
Chapel		SwimmingPool(\$15/hour)	
		Security:	
		TennisCourts	
*Additional costswill occurfor staffing		IntramuralField(s)	
facilitiesafter normal operating hours.		Parkingrequests:	
Additionalspaceneeds	or requests:		
Audiovisual	NO equipment		
*Additional costsmay be a	ssociatedwith theseitems.		
Additional costsmay be a	300latedwith theselterns.		
VisitorInternet	LCDProjector	Lecternw/ microphone	
DVDPlayer	SoundSystem	Wirelesslapelmicrophone	
ProjectorScreen	Lectern	Wirelesshandheldmicrophone	
EventTechnician	TV	Other:	
Set up needs	NO set up need	ds	
*Additional costsmay be a	ssociatedwith theseitems		

This request must be completed returned as soon as possible. Upon approval you will be sent a confirmation notice.

Lecternw/ microphone

Wirelesshandheldmicrophone

Your request may be faxed 904) 256-7424 or emai N R S H _@ju.edu If you have any questions, please contact 6 R D X Q D + R S H at (904) 256-7