



SUMMER 2008 CONFERENCES CONTRACT — GENERAL EVENTS

GENERAL INFORMATION

Type of conference Band Camp (also complete the Band Camp section below)
 Other _____

Conference name _____ Number in group _____

Billing address _____
Street Address / Post Office Box City State Zip

Group Leader _____ E-mail _____

Contact numbers () ____ - ____ W; () ____ - ____ Cell; () ____ - ____ H; () ____ - ____ FAX

Group Contact 2 _____ E-mail _____

Contact numbers () ____ - ____ W; () ____ - ____ Cell; () ____ - ____ H; () ____ - ____ FAX

Arrival information Su Mo Tu We Th Fr Sa Date ____ / ____ / ____ Time ____ am / pm
Meals: No Yes...First meal: Breakfast Lunch Dinner Date ____ / ____ / ____

Departure information Su Mo Tu We Th Fr Sa Date ____ / ____ / ____ Time ____ am / pm
Last meal, if applicable: Breakfast Lunch Dinner Date ____ / ____ / ____

Residence hall preference Asbury Hall Culbertson Hall Henson Hall House (Cavalier)
 House (Highland) Martha Randolph Hall McCrary Hall Thompson Hall

Room assignments A Participant Assignment Roster will be in your Confirmation Packet. Group leaders are responsible for room assignments.

BAND CAMP INFORMATION

T-SHIRTS — Please enter t-shirt (free) quantity below. Only the exact sizes/numbers listed below can be guaranteed to your group; any changes to these numbers not received within three (3) weeks of arrival cannot be accommodated.

____ Small (S) ____ Medium (M) ____ Large (L) ____ Extra-Large (XL) ____ Extra-Extra-Large (2XL)

— We would like our t-shirts delivered: Su Mo Tu We Th Fr Sa Date ____ / ____ / ____ Time ____ am / pm

Yes, we would also like FREE popsicles when our t-shirts are delivered! No, popsicles will not be needed.

ICE — Free ice is available during your stay. If you would like our Summer Conference Staff to assist with filling coolers, etc., please list daily time(s) here: Morning ____ am / pm AND/OR Evening ____ am / pm

MEAL TIME REQUESTS — Please circle your preferred dining time(s) below. Requests are subject to availability. See Rates section.

Weekday Breakfast — 7:00 am 7:15 am 7:30 am Weekend Brunch — 11:30 am 11:45 am noon

Weekday Lunch — 11:30 am 11:45 am noon Weekend Dinner — 5:00 pm 5:15 pm 5:30 pm

Weekday Dinner — 5:00 pm 5:15 pm 5:30 pm

INDOOR AREA REQUESTS — Please rank (1,2,3) your indoor preference below. Requests are subject to availability.

__ Aerobics Room, SSC __ Chapel of All Faiths __ Culbertson Hall Classroom & Greek Life Room

__ Greear Gymnasium __ Racquetball Courts (3), SSC __ Dogwood/Rhod. Rooms (5th flr), SSC

OUTDOOR AREA REQUESTS — Please rank (1,2,3) your lighted, outdoor preference below. Requests are subject to availability.

__ Smith Stadium Astroturf (not available after 8/1/08) __ Stadium Intramural Field __ Intramural Field (upper campus)

__ Greear Gym/Softball Parking Lot (special striping not available)

__ Special striping/lining requests _____

OTHER REQUESTS — Please list any other special requests here. Include date(s) and time(s) for each. See Rates section.

FEE SUMMARY / DEPOSIT CALCULATION FORM

This is the summary of applicable fees based on numbers you have provided. Deposits & remaining balances are calculated from this form, unless we are notified of changes within one (1) week of your arrival. Any additional charges incurred during your stay will be billed after your conference ends.

Conference name _____

Group Leader _____ Group Contact 2 _____

Estimated Costs Please complete all applicable sections below. See RATES for more information. If you are a TAX-EXEMPT organization, please attach a copy of your tax-exempt form to this application. TAX-EXEMPT COPY ATTACHED YES NO

Lodging: _____ participants x \$_____ per night x _____ number of nights = \$_____

Linens: _____ packages x \$12.50 (length of stay) = \$_____

Meals: Group: _____ participants x \$15.04 per day* x _____ number of days = \$_____

*For residential groups of 25+; total amount for three (3) meals per day on weekdays.

Individual: _____ participants x \$4.35 breakfast M T W T F = \$_____

_____ participants x \$5.85 lunch M T W T F = \$_____

_____ participants x \$7.25 dinner M T W T F = \$_____

_____ participants x \$6.25 brunch Sa Su = \$_____

_____ participants x \$7.50 dinner Sa Su = \$_____

Formal event: Chartwell's will provide catering? yes no, Catering Exemption Form is attached

Facilities: All fees are per event/per set-up. There are no fees for residential groups of 25+. See RATES for more information.

Chapel of All Faiths (\$125) Classroom/small conference room (\$25 each)

Gilliam Sculpture Garden (\$250) Greear Gymnasium (\$250)

Humphreys Tennis Complex (\$10 per hr/\$50 per day) Lecture Hall/large conference room (\$50)

Jefferson Lounge (\$125) Jefferson Plaza (\$125)

Recreation (intramural) Fields (\$50 per day) Slemple Student Center (rates available on-line)

Swimming Pool (\$50 for 2 hr. event; \$25 ea. add'l. hr.; requests must be made three (3) weeks prior to arrival)

_____ facilities fee total x _____ number of events/days = \$_____

Miscellaneous: All fees are per event/per set-up. See RATES for more information.

Campus/local transportation: car _____ estimated mileage x \$0.42 = \$_____

mini-van _____ estimated mileage x \$0.50 = \$_____

bus _____ estimated mileage x \$2.25 = \$_____

Chairs: _____ quantity x \$.60 each x _____ number of set-ups = \$_____

Microfridge: _____ quantity x \$16.00 (length of stay) = \$_____

Personal Conf. Asst.: _____ quantity x \$10.00 per hour = \$_____

Pole & Chain: _____ quantity x \$20.00 each x _____ number of set-ups = \$_____

Pole & Drape: _____ quantity x \$25.00 each x _____ number of set-ups = \$_____

Pop-up Tent: _____ quantity x \$25.00 each x _____ number of set-ups = \$_____

Sandwich Board: _____ quantity x \$ 5.00 each x _____ number of set-ups = \$_____

Sound System: _____ quantity x \$150.00 each x _____ number of set-ups = \$_____

Stage: small (8'x16') \$26.00 x _____ number of set-ups = \$_____

medium (12'x24') \$52.00 x _____ number of set-ups = \$_____

large (16'x32') \$76.00 x _____ number of set-ups = \$_____

Tables: round _____ quantity x \$6.00 x _____ number of set-ups = \$_____

rectangle _____ quantity x \$6.00 x _____ number of set-ups = \$_____

serpentine _____ quantity x \$6.00 x _____ number of set-ups = \$_____

Total estimated costs = \$_____

Non-refundable Required Deposit (20% of total estimated cost) = \$_____

Remaining Balance (excluding any charges incurred during conference) = \$_____

Band camps only — We plan to pay: NET 30 enroll in payment plan (enclosed)

Group Leader Signature I understand and agree to abide by the terms contained in this contract and the Summer Conferences Information & Reservation Booklet. I understand that my group will be billed based on the numbers provided unless I provide changes one (1) week prior to our arrival. Enclosed is my group's required Certificate of Insurance (COI) outlining our liability coverage.

Signature _____ Date ____ / ____ / ____

FOR OFFICE USE ONLY

contract & deposit received _____ confirmed _____ final invoice mailed _____ payment received _____



UVA-WISE SUMMER CONFERENCES
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