

# Application for Special Housing Louisiana Tech University

Please complete the following form **in full** and return it to the address listed below. If you have more than one camp date, please make copies of this form and fill out a form for each camp. All special housing requests are done on a "first come, first serve" basis and an incomplete form could delay processing this application.

<b>General</b>	Group name: _____	Contact person: _____
	Phone Number: _____	Fax Number: _____
	<b>Mailing Address:</b>	<b>Billing Address (if different):</b>

<b>Housing</b>	Est. <b>maximum</b> number in party:	Check In	Check Out											
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Male</td> <td style="text-align: center;">Female</td> </tr> </table>	_____	_____	Male	Female	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Time</td> </tr> </table>	_____	_____	Date	Time	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Time</td> </tr> </table>	_____	_____	Date
_____	_____													
Male	Female													
_____	_____													
Date	Time													
_____	_____													
Date	Time													

Please list your Dorm preferences ( this is done on a first come first serve basis along with group size factors.)

\_\_\_\_\_

<b>Food</b>	Will you need food service?	First Meal	Last Meal							
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Time</td> </tr> </table>	_____	_____	Date	Time	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Time</td> </tr> </table>	_____	_____	Date
_____	_____									
Date	Time									
_____	_____									
Date	Time									

<b>Additional Facilities</b>	<b>Recreational</b>	<input type="checkbox"/> M.S. Carroll Swimming Pool	Dates needed, if applicable _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
		<input type="checkbox"/> Golf Course (Open only to sponsors)	
		<input type="checkbox"/> Hide Away Park	
		<input type="checkbox"/> SGA Red Field	
		<input type="checkbox"/> SGA Blue Field	
	<input type="checkbox"/> John Hay Field		
	<b>Maxie Lambright Intramural Sports Center (Minimum use of four hours)</b>		
	<input type="checkbox"/> Blue Gym		
	<input type="checkbox"/> Red Gym		
	<b>Student Center</b>	<input type="checkbox"/> Student Center Room 222	
<input type="checkbox"/> Student Center Room 223			
<input type="checkbox"/> Student Center Room 224			
<input type="checkbox"/> Student Center Room 210			
<input type="checkbox"/> Student Center Room 211			
<input type="checkbox"/> Student Center Room 212			
<input type="checkbox"/> Student Center Lounge			
<input type="checkbox"/> Student Center Main Floor			
<input type="checkbox"/> Bowling Alley			

**Special Notice:** All Non-Louisiana Tech Groups must show proof of \$1,000,000.00 in liability insurance and sign indemnification agreement prior to use of Louisiana Tech facilities.

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return form to:  
 Beverly Jackson, Coordinator of Summer Camps  
 Louisiana Tech University  
 P.O. Box 3174  
 Ruston, LA 71272