APPLICATION FOR USE OF UCSC FACILITIES

PLEASE PROVIDE ACCURATE INFORMATION TO ENSURE THE BEST ACCOMMODATION OF YOUR PROGRAM

♦ GROUP INFORMATION

Name of Conference: ____________________________

Conference Dates: Arrival ____________________ Departure ________________ (use attachment for multiple sessions)

(mm/dd/yy) (mm/dd/yy)

Type of participant: □ youth academic □ youth sports □ other youth □ college age □ adult □ families

Sponsoring Organization: ________________________________________________________________

Business Address: ________________________________________________________________

Financial Contact: ________________________________________________________________ Title: __________

Email: ___________________ Telephone: __________ Fax: ___________ Web Site: ___________________

Contact for Conference Planning: __________________________________________________________ Title: __________

Email: ___________________ Telephone: __________ Cell: __________

On-Site Conference Director (if different from Conference Planner):

Email: ___________________ Telephone: __________ Cell: __________

♦ HOUSING REQUEST INCREASES THREE MEALS PER DAY

Number of participants to be housed: ________ Number of staff (for youth groups) to be housed: ________________

Number of people in singles: _____ (one person per bedroom) Number of people in doubles: _______ (two persons per bedroom)

Do you anticipate arrivals/departures outside dates of conference? □ Yes □ No □ Staff Only

Do you anticipate special accessibility needs accommodation? □ Yes □ No

Do you need separate housing for some staff? □ Yes □ No

Youth Groups only: _____% Male _____% Female _____Ages

NOTE: Rates are based on a minimum of 30 participants staying 3 nights. For smaller groups and shorter stays a surcharge will apply.

♦ COMMUTERS THOSE ATTENDING THE CONFERENCE BUT NOT STAYING ON CAMPUS

Do you expect commuters or day campers (daily participants not housed on campus)? □ Yes, how many _________ □ No

Commuters will be charged a per-person, per-program fee. This fee does not include parking, meals or recreational fees. Commutters may not exceed 20% of housed participants without written exception from Conference Services.

♦ MEALS MEALS BEGIN WITH DINNER ON DAY OF ARRIVAL AND END WITH LUNCH ON DAY OF DEPARTURE. DINING HALLS ARE SHARED WITH OTHER ADULT AND YOUTH CONFERENCES AND GROUPS WILL BE ASSIGNED SPECIFIC DINING TIMES FOR EACH MEAL.

Do you anticipate your group missing a meal due to an off campus event? □ Yes □ No

Will you require catering during the conference? □ Yes □ No
MEETING ROOMS

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<th>Type of Room</th>
<th>Number of Rooms</th>
<th>Preferred Capacity</th>
<th>Audio/Visual Equipment Required</th>
<th>Data Access Required?</th>
<th>Dates</th>
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OTHER REQUIREMENTS

Computer Labs: □ Yes  (Circle all that apply): PC  Mac  wireless  □ No
Recreational Facilities: □ Yes  (please complete separate recreation form)  □ No
Transportation (UCSC vehicles or bus service): □ Yes  □ No
An on-site office during program dates: □ Yes  □ No
Long distance telephone access: □ Yes  □ No

GENERAL INFORMATION

How did you hear about our conference facilities? ____________________________

Sponsorship
Will your conference be sponsored by a UC Department: □ Yes  □ No
Campus: ____________________________ Department: ____________________________
Department Contact: ____________________________ Phone: ____________________________
Recharge/FOAPAL number (required for UC sponsorship): ____________________________

☐ I HAVE ATTACHED A CURRENT CONFERENCE AGENDA OR A SAMPLE PROGRAM FROM A PREVIOUS YEAR.
☐ I HAVE READ AND UNDERSTAND THE ENCLOSED UCSC CONFERENCE SERVICES POLICY HANDBOOK.
☐ DEPOSIT CHECK OR RECHARGE ENCLOSED ($10.00 PER PERSON OR $1,000, WHICHERVER IS GREATER; CHECKS PAYABLE TO UC REGENTS).
☐ I UNDERSTAND THAT RECEIPT OF DEPOSIT/APPLICATION DOES NOT GUARANTEE ACCOMMODATION.
☐ I UNDERSTAND THAT MY DEPOSIT IS NOT REFUNDABLE UNLESS UCSC IS UNABLE TO ACCOMMODATE MY REQUEST.

Signature of financial contact or other authorized representative ____________________________ Date ____________________________