

# The Texas A&M University System Camp/Retreat/Field Trip/Event Application

<b>Type of Program</b>	<input type="checkbox"/> Camp (K-12 <sup>th</sup> Grade)	<input type="checkbox"/> Sports Camp (K-12 <sup>th</sup> Grade)
<b>Program Name</b>	<hr/>	
<b>System Member</b>	<hr/>	<b>Name of Department</b> <hr/>
<b>Coordinator</b>	<hr/>	<b>Title</b> <hr/>
<b>Phone Number</b>	<hr/>	<b>Fax Number</b> <hr/>
<b>Email Address</b>	<hr/>	<b>Website</b> <hr/>

## INFORMATION FOR INSURANCE

<b>REQUESTED COVERAGE</b>	<u>PLEASE ATTACH ADDITIONAL PAGES IF NEEDED</u>				
	00/00/00 Start Date	00/00/00 End Date	Total # of Days	Estimated # of Participants	# of Student Counselors
<b>Program Dates</b>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>Transportation</b>	<hr/>			<input type="checkbox"/> System Owned	<input type="checkbox"/> Leased
	Type of Transportation			Type of Event	
<b>Ages of Participants</b>	<hr/>			<input type="checkbox"/> Overnight	<input type="checkbox"/> Day
<b>Location of Program</b>	<hr/>				
	(Campus, resort, civic center, etc.)				
<b>Brief Description of your Program</b>	<hr/>				

Please make sure that your list of activities includes ANY AND ALL FREE TIME activities scheduled

(PLEASE ATTACH ADDITIONAL PAGES IF NEEDED).

**List of Activities:**

**AUTHORIZATIONS:** My signature acknowledges request for enrollment in the specified insurance coverage.

\_\_\_\_\_  
Signature of Department Head or Liaison

\_\_\_\_\_  
Date

**NOTE:** Please provide a copy of your **itinerary and brochure** (if applicable) with the application

**Each Participant MUST sign a waiver in order to have General Liability coverage. You will need to list each camp on your matrix with an estimated number of participants, updating with ACTUAL number of participants at the end of the camp/event.**

**RETURN COMPLETED APPLICATION TO SYSTEM RISK MANAGEMENT FOR FURTHER HANDLING:**

The Texas A&M University System  
System Risk Management  
Campus Mail 1262  
[rms-insurance@tamus.edu](mailto:rms-insurance@tamus.edu)



301 Tarrow St., 5<sup>th</sup> Floor  
College Station, Texas 77840  
(979) 458-6330 (979) 458-6247 Fax  
[rms-insurance@tamus.edu](mailto:rms-insurance@tamus.edu)