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www.lclark.edu/offices/conferences_and_events

Application to Hold an Overnight Program at Lewis & Clark

Name of Purchaser/Organization: _____

Contact: _____ Phone: _____

Cell Phone: _____ Fax: _____ E-Mail Address: _____

Mailing Address: _____

Name of Program: _____ Dates of Program: _____

Purpose of Program: _____

Lewis & Clark requires programs with minors (youth under 18) to meet the following staff/camper ratio requirements while on-campus:

- 1:8 staff to resident campers 9 - 14 years old
- 1:12 staff to resident campers 15 - 17 years old

Estimated number of Youth (under 18) residing in residence halls: _____ Commuters: _____

Estimate number of Adults (anyone over 18) residing in residence halls: _____ Commuters: _____

Room Type: *Essential* *Deluxe* *Superior* *Premier* Type of Serve: *No Linen* *Linen Packets* *Linen*

Staff Arrival Date: _____ Participant Arrival Date: _____ Participant Departure Date: _____ Staff Departure Date: _____

Do you have any attendees with special needs (e.g. wheelchair accessibility)? Yes No

MEALS

Client shall purchase three meals/per day for each overnight participant, and one meal/per day for each commuter.

First Meal: (check one) Breakfast Lunch Dinner on: _____ (date)

Last Meal: (check one) Breakfast Lunch Dinner on: _____ (date)

Would you like refreshment breaks or special meals during your program? Yes No

MEETING SPACE (All possible meeting space needs should be listed)

Note: Lewis & Clark does not offer art rooms, science labs, or computer labs).

Day/Date	Times Needed:	Type of Room:	Number of Rooms:	Capacity:

OTHER SPECIAL EVENT/SPORT VENUES (All possible event venues should be listed e.g. outdoor areas, recreation needs, etc.)

Day/Date	Times Needed:	Type of Room:	Number of Rooms:	Capacity:

Will there be spectators/visitors (non-participants) coming to any meetings or events? Yes No

Number of expected spectators/visitors _____ Number of cars expected to park for the event _____

References:

Please list contact person, facility name, city, state, and phone number of the last two locations where your program has been held.

A. Name: _____

Facility Name: _____

City, State: _____ Phone: _____

B. Name: _____

Facility Name: _____

City, State: _____ Phone: _____

Signature and title of program organizer
(Must be authorized to sign on behalf of the organization)

Date

Please email Application to: events@lclark.edu