

The Texas A&M University System Special Event Application

Program Name:				
System Member:		Department:		
Coordinator:		Title:		
Phone Number:		Fax Number:		
Email Address:		Website:		

INFORMATION FOR INSURANCE

PLEASE ATTACH ADDITIONAL PAGES IF NEEDED

REQUESTED COVERAGE	00/00/00 Start Date	00/00/00 End Date	Total # of Days	Estimated # of Participants (including Counselors)	Premium (Est. # of Participants X # of Days) X \$0.40 Non Sports \$1.37 Sports)
Program Dates:					

Ages of Participants: _____

Type of Event

Overnight **Day**

Location of Program: _____
(Campus, resort, civic center, etc.)

Brief Description of Program: _____

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: _____

Certificate of Insurance Needed? (Check & Provide Name & Address for Certificate)

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

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

RETURN COMPLETED APPLICATION TO SYSTEM RISK MANAGEMENT FOR FURTHER HANDLING

