

Camp Insurance Application ^[1]

Name of Camp *

Campus *

- ☐ Boulder
- ☐ Denver
- ☐ Anschutz Medical Campus
- ☐ Colorado Springs

Begin Date *

Month



Day



End Date *

Month



Day



Total Number of Days * _____

Expected Number of Participants * _____

Do Campers Spend the Night? *

- ☐ Yes
- ☐ No, they go back to their own homes

Number of Employees Working During Camp *

- ☐ 1-5
- ☐ 6-10
- ☐ 11-15
- ☐ 15 or more
- ☐ None

Number of Volunteers Working During Camp *

- ☐ 1-5
- ☐ 6-10
- ☐ 11-15

☐ 15 or more

☐ None

Camp Type *

☐ Academic

☐ Athletic

Activity *

Location *

Department Name *

Department Coordinator *

Campus Box Number * _____

Mode of Travel *

Speed Type Number _____

Approving Org # (Colorado Springs only)

Campus Telephone * _____

Campus Fax * _____

Email Address *

Additional Comments

APPLICATION COPY

If you would like a copy of this application, please enter your email address below and a copy will be emailed.

Application Copy Email Address

CAPTCHA

This question is for testing whether or not you are a human visitor and to prevent

automated spam submissions.

Submit

Source URL:<https://www.cu.edu/forms/camp-insurance-application>

Links

[1] <https://www.cu.edu/forms/camp-insurance-application>