

Camp Insurance Application ^[1]

Name of Camp * _____

Campus *

- Boulder
- Denver
- Anschutz Medical Campus
- Colorado Springs

Begin Date * ▼ ▼

End Date * ▼ ▼

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/risk/forms/camp-insurance-application>

Links

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