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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/risk/forms/camp-insurance-application

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