

C O N F E R E N C E A P P L I C A T I O N 2 0 2 3

This is a request not a contract

NAME OF CONFERENCE/CAMP: _____

CONFERENCE ORGANIZER (PERSON SIGNING CONTRACT)

NAME: _____

ADDRESS: _____

PHONE: _____

RETURN NO LATER THAN: **ASAP**

TO:
Conference Services
SMU Box 220
Dallas, TX 75275
(214) 768-2617 phone
ocs@smu.edu

EMAIL: _____ WEB-PAGE (if available): _____

CONTACT/PLANNING PERSON (if not same as above): _____

CONTACT PHONE: _____ CONTACT E-MAIL: _____

CAMPUS SPONSOR: _____ DEPARTMENT: _____

(Campus sponsorship is required of all external conference/camp programs)

If your conference/camp has multiple “sessions” with different dates, please fill out a separate application for each session.

REQUESTED CONFERENCE DATES (For Participants):

ARRIVAL _____ DEPARTURE _____

STAFF/ADVISORS/COACHES DATES: (if different from participants)

ARRIVAL _____ DEPARTURE _____

NUMBER OF EXPECTED GUESTS:

PARTICIPANTS STAYING IN RESIDENCE HALLS = “RESIDENTS” (Summer Only): _____

PARTICIPANTS TRAVELING DAILY TO CAMPUS FOR RESIDENTIAL CONFERENCE = “COMMUTERS”: _____

PARTICIPANTS TRAVELING DAILY TO CAMPUS FOR DAY CONFERENCE = DAY CAMP PARTICIPANTS: _____

STAFF/ADVISORS/COACHES STAYING IN RESIDENCE HALLS = “RESIDENT STAFF” (Summer Only): _____

STAFF/ADVISORS/COACHES TRAVELING DAILY TO CAMPUS FOR RESIDENTIAL CONFERENCE = “COMMUTER STAFF”: _____

STAFF/ADVISORS/COACHES TRAVELING DAILY TO CAMPUS FOR DAY CONFERENCE = “DAY CAMP STAFF”: _____

TOTAL OF ALL CONFERENCE ATTENDEES: _____

HOUSING

IS CAMPUS HOUSING REQUESTED? (Available during summer only) Yes _____ No _____
(Provide details below.) ***If housing is NOT requested the conference will be considered a day camp or conference.**

Total Number Expected in Residence Halls (Staff & Participants): _____ (This number should be the sum of the spaces broken down directly below.)

Female Adult (18 or older): _____ Female Youth (under 18): _____ Participants under 12y/o? _____
Male Adult (18 or older): _____ Male Youth (under 18): _____ Yes / No

*****The University requires a minimum of one adult for each 12 youth if all participants are 12 years of age or older. If your participants include children 10-11 years of age the required ratio of adults to children for your conference is one adult for each 10 youth. Adults are responsible for supervising minors at all times while on campus for their own safety. No one under the age of 10 will be allowed to stay in residence halls. THIS POLICY IS STRICTLY ENFORCED.*****

TOTAL NIGHTS STAYING ON CAMPUS: RESIDENTS: _____ STAFF/ADVISORS/COACHES: _____

START DATE: _____ END DATE: _____

*(If staff arrives early for housing ahead of participants, please note this.)

REQUESTED CHECK-IN TIME: *(Must be no longer than a Two-hour period between 12PM-5PM)

RESIDENTS: _____ STAFF/ADVISORS/COACHES: _____

REQUESTED CHECK-OUT TIME: *(Must be no longer than a Two-hour period between 8AM-12PM on date specified or check out at the Area Desk)

RESIDENTS START: _____ COMPLETED BY: _____

STAFF/ADVISORS/COACHES START: _____ COMPLETED BY: _____

REQUESTED RESIDENTIAL HALL(S) (if known/important to group): _____

ALTERNATE(S): _____

*****Expressing a preference for a particular residence hall in no way assures assignment of any particular residential hall. We will try to accommodate each request to the best of our ability.*****

REQUESTED ROOM TYPE:
PARTICIPANTS: DOUBLES _____ SINGLES _____
STAFF/ADVISORS/COACHES: DOUBLES _____ SINGLES _____

***** We will try to honor requests for single rooms, but cannot guarantee availability. Housing rates differ for single and double rooms.*****

LINEN REQUEST:
(Request must be applicable to entire group. Charges differ by selection and will be included in the package rate.)

_____ NO LINEN = No linen provided for bed or bath. Trash removed weekly from trash rooms.

_____ FULL LINEN = Bed is made when guest arrives. Towels; two large and one washcloth are in room. Service item provided (hotel size soap). Each day room is cleaned, bed is made and fresh towels are provided. If in suite bath, bathroom is straightened up each day, heavy cleaning done once a week. Bed linens are changed at least once per week. Similar to hotel service. Trash removed daily.

_____ LIMITED SERVICE LINEN = The room is "made up" upon move-in- Sheets, pillow, blanket, towels and washcloths. No service item provided. The room is cleaned with exchange of linens with bed made and towels provided on or after the 7th night and every 6 or 7 nights after. Suite style bathrooms are only attended to once per week.

_____ LINEN EXCHANGE = A top sheet, bottom sheet, and pillow case are furnished. Packaged in a plastic bag. Once a week a linen exchange will occur during a scheduled two-hour window on a designated day. Participants must turn in dirty linen to pick up clean linen.

DINING

Is MEAL SERVICE REQUESTED? Yes _____ No _____ If YES, for approx. how many total? _____
 (All meals are served in the Umphrey Lee Dining Hall)

Resident Participants

Meals begin on _____ (date) with **B L D** and end on _____ (date) with **B L D**. The meal plan includes **B L D** (please circle which meals will be included in meal plan).

PER PERSON - TOTAL NUMBER OF: BREAKFASTS: _____ LUNCHES: _____ DINNERS: _____
 (Please list the total number of meals for each participant. Example: Each participant would eat 4 breakfasts, 5 lunches, & 6 dinners.)

Resident Staff (if different from Resident Participants)

Meals begin on _____ with **B L D** and end on _____ with **B L D**. The meal plan includes **B L D** (please circle which meals are included in meal plan).

PER PERSON - TOTAL NUMBER OF: BREAKFASTS: _____ LUNCHES: _____ DINNERS: _____

Commuters with Meal Plan (Participants & Staff not staying overnight on campus)

Meals begin on _____ with **B L D** and end on _____ with **B L D**. The meal plan includes **B L D** (please circle which meals will be included in meal plan).

PER PERSON - TOTAL NUMBER OF: BREAKFASTS: _____ LUNCHES: _____ DINNERS: _____

PLEASE INDICATE ANY SPECIFIC MEALS THE GROUP PLANS ON NOT ATTENDING THAT FALL WITHIN THE DATES ABOVE REQUESTED MEAL PLANS. Give date(s) & which meal(s) are skipped. This information is critical to get the most accurate package rate & inform dining preparations. Please note, conference/camp groups will be billed for any meals consumed beyond the guarantee whether in number of meals or additional guests dining.)

CATERING (BANQUETS, RECEPTIONS, BALLROOMS, COFFEE BREAKS, ETC.)

CATERING REQUESTED? Yes _____ No _____

Event	Dates	Time (Begin - Ending)	# of People	Requested Location

*All catering requests must be submitted at least five business days out.

NON-ATHLETIC FACILITIES

Please refer to enclosed supplement to request Dedman/Moody/Or other recreation facilities, pools, or fields.

MEETING/CLASSROOMS REQUESTED? Yes _____ No _____

	Date(s)	Required Room Capacity	Time (Begin – End)
Classroom(s) Number			
Auditorium			
Computer Rooms			
Other			

PLEASE LIST EACH SPECIFIC CLASSROOM. IF APPROPRIATE, PLEASE INCLUDE AN ADDITIONAL PAGE WITH CLASSROOM NEEDS. PLEASE PROVIDE THE MOST ACCURATE TIMES AS POSSIBLE TO ASSIST WITH THE AVAILABILITY OF YOUR REQUEST. REQUESTED TIMES AND DATES DO HAVE A BEARING ON CLASSROOM RATES.

AUDIO-VISUAL EQUIPMENT

AV EQUIPMENT REQUESTED? Yes _____ No _____

Equipment Needed	Date(s)	Times (Begin – End)	Location/Or Event Associated With Facility or Catering Requests

AV REQUESTS MUST BE MADE IN AT LEAST TWO WEEKS IN ADVANCE.

DEDMAN RECREATION CENTER

REQUEST TO OFFER RECREATIONAL ACCESS TO DEDMAN CENTER FOR YOUR GUESTS?

Yes _____ No _____

IF YES, PLEASE INDICATE APPROXIMATELY HOW MANY PEOPLE IN YOUR GROUP WILL NEED ACCESS: _____

****Additional rules and charges may apply, limited availability, and group's access will be for entire duration of the conference. Swipe access is required for adults to use Dedman Center.*

****Any group composed either entirely or partially of participants under 18 years of age are not permitted to have group general access to the recreation center. Such groups must request specific times/dates/venues for use only as part of an organized, structured, and supervised group activity within the Dedman Center. All participants under 18 must be accompanied by an adult at all times with a minimum of 1 adult to 10 minors. Minors are not allowed in weight room/cardio areas. ****

***A Discounted Conference group rate is available, if requested ahead of time, on a per week basis or individuals can purchase daily guest passes directly from the Dedman desk. Conference group rates are billed to the conference.*

DATE OF APPLICATION _____ SIGNATURE _____

APPLICATIONS DUE BY NOVEMBER 18th

(Please note applications do not guarantee reservations.)

2023 Conference Application SUPPLEMENT

(ATTACHMENTS ARE ENCOURAGED IF FORMAT IS NOT SUFFICIENT)

MOODY COLISEUM

MOODY COLISEUM REQUESTED? Yes _____ No _____

Date start	Date end	Times (Begin – End)	Set up (platforms, AV, etc.)

CRUM BASKETBALL CENTER

CRUM CENTER REQUESTED? Yes _____ No _____

Date start	Date end	Times (Begin – End)	Set up (platforms, AV, etc.)

DEDMAN CENTER FOR LIFETIME SPORTS

DEDMAN CENTER REQUESTED (for organized group activity)? Yes _____ No _____

PLEASE INDICATE FACILITIES NEEDED:

	DATE	TIME (BEGIN – END)	SET-UP NOTES
COURTS/ GYM FLOOR (2)			
AEROBIC ROOM			
COMBATANT ROOM			
CLASSROOM(S)			
RAQUETBALL COURTS			
SWIMMING POOL*			
ROCK CLIMBING WALL*			
INDOOR SOCCER COURT			
SAND VOLLEYBALL COURT(S)			

* Limited availability and additional rules apply.

***Additional rules and charges apply, limited availability, and group's access will be for duration of the request. Temporary membership through Conference Services (Swipe access) is required for adults to use Dedman Center.

***Any group composed either entirely or partially of participants under 18 years of age are not permitted to have group general access to the recreation center. Such groups must request specific times/dates/venues for use only as part of an organized, structured, and supervised group activity within the Dedman Center. All participants under 18 must be accompanied by an adult at all times with a minimum of 1 adult to 10 minors. Minors are not allowed in weight room/cardio areas. ***

FIELDS

FIELDS REQUESTED? Yes _____ No _____

FIELDS REQUESTED: _____

* All field requests are subject to availability.

Date(s)	Times (Begin – End)	Set up (platforms, AV, trashcans, etc.)

TO ENSURE PROPER SETUP FOR YOUR EVENT, PLEASE INCLUDE A SPECIFIC LIST OF NECESSARY COMPONENTS, DIAGRAMS, ETC.

CUSTODIAL AND/OR FACILITY SERVICE NEEDS

***PLEASE PROVIDE ANY SPECIFIC REQUIREMENTS REGARDING CUSTODIAL SERVICES:

(This includes any additional cleaning or emptying of waste receptacles, servicing of restrooms, etc. Please note that facilities (including fields) do require custodial service, which comes at an additional cost. **Any requests turned in less than ten business days out from the start of the conference/camp will incur additional fees.**)

PARKING

IS PARKING REQUESTED? Yes _____ No _____

(Parking permits have a cost of \$15.00 per permit and are good for the length of the program. E-Permits normally distributed via e-mail by Conference Assistants ahead of the conference or camp.)