

The Texas A&M University System

Special Event Application

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

Account Number for coverage cost: invoice will be entered by the Budget Dept upon receipt from Risk Management.

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)
_____	_____	_____	_____
_____	_____	_____	_____

Ages of Participants: _____	Type of Event
Location of Program: _____ (Campus, resort, civic center, etc.)	<input type="checkbox"/> Overnight <input type="checkbox"/> Day

Brief Description of Program: _____

List of Activities: Please ensure the list of activities includes ANY AND **ALL FREE TIME** activities scheduled

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

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

Signature of Department Head or Liaison

Date

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

RETURN COMPLETED APPLICATION TO **DEBORAH DELL (delld@tamug.edu)** FOR FURTHER HANDLING