

University of Wisconsin - Stevens Point

2022 CAMPS AND CLINICS INSURANCE REQUEST FORM

(SUBMIT WITH BROCHURE 2 WEEKS PRIOR TO EVENT)

NAME OF CAMP/CLINIC: _____
(use separate form for each camp/clinic)

DATE(S): _____

Estimated number of participants: _____

Enter rate*: x \$ _____
(\$1.61/week or \$.29/day)

Enter number of weeks/days: x _____

Estimated Premium**: \$ _____

After completion of the camp, send a roster with the NUMBER and NAMES OF PARTICIPANTS to Melissa Vergara (mvergara@uwsp.edu) within five days.

ACCOUNT NUMBER TO BE CHARGED: _____

CONTACT NAME: _____ PHONE: _____

AUTHORIZED SIGNATURE: _____

A camp that runs 1 or 2 days with no overnight stay is charged at the daily rate. Any camp that includes an overnight stay is charged at the weekly rate, including 2-day camps with an overnight stay. Camps that run 3-7 consecutive days are charged at the weekly rate. Camps that run 1 day per week for multiple weeks should be calculated at the daily rate.

**Premium will be billed quarterly to account number provided by department.