

## **Camp Insurance Application** <sup>[1]</sup>

**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**

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**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

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**Source URL:** <https://www.cu.edu/risk/forms/camp-insurance-application>

**Links**

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