

### CONFERENCE APPLICATION

Date: \_\_\_\_\_ Name Of Group: \_\_\_\_\_

Description of Program: \_\_\_\_\_

Requested Conference Date(s): \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_

Type of Camp / Conference: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

What is your expected number of staff that would require housing? \_\_\_\_\_

Onsite Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated participant(s) Requiring Housing: \_\_\_\_\_ Single Occupany: \_\_\_\_\_ Double Occupancy: \_\_\_\_\_

Check-In Date and Time: \_\_\_\_\_ Alternate Check-In Date and Time: \_\_\_\_\_

Early Arrival(s): YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, arrival date and time: \_\_\_\_\_

Group Type: Adult \_\_\_ Youth \_\_\_ Ages of youth \_\_\_\_\_

Will you require the rental of classroom space? YES \_\_\_\_\_ NO \_\_\_\_\_

Facility Needs(please check all that apply) :

Additional Services (to be billed):

Athletic Fields

Audiovisual Equipment

Swimming Pool

Equipment Rental Items(tents,decor etc)

Computer Laboratory

Security

Outdoor Space(apart frtom Athletic Fields)

Media Needs

Please list any special accomodations that are needed.

\_\_\_\_\_  
\_\_\_\_\_

Will you group need parking permits?YES \_\_\_\_\_ NO \_\_\_\_\_ Qty: \_\_\_\_\_

Please list the dates you will need meals and the guaranteed number for each meal.

<u>Date:</u>	<u>Date:</u>	<u>Date:</u>	<u>Date:</u>	<u>Date:</u>	<u>Date:</u>	<u>Date:</u>
B	<u>B</u>	<u>B</u>	<u>B</u>	<u>B</u>	<u>B</u>	<u>B</u>
L	<u>L</u>	<u>L</u>	<u>L</u>	<u>L</u>	<u>L</u>	<u>L</u>
D	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>

Will your group need meals? YES \_\_\_\_\_ NO \_\_\_\_\_ Qty: \_\_\_\_\_

Will your group need any boxed meals? YES \_\_\_\_\_ NO \_\_\_\_\_ Qty: \_\_\_\_\_

Will your group need meal cards for guests not staying on campus? YES \_\_\_\_\_ NO \_\_\_\_\_ Qty: \_\_\_\_\_

Will you require any special catering accommodations?

\_\_\_\_\_

\_\_\_\_\_

How many **doubles**(individuals sharing a room) and **singles**(one individual per room)? **D** \_\_\_\_\_ **S** \_\_\_\_\_

Will your group need **linen**? YES \_\_\_\_\_ NO \_\_\_\_\_ Qty: \_\_\_\_\_

How many room keys will your group need? \_\_\_\_\_

Guarantee Number: (Total number of participants requesting to be accommodated) \_\_\_\_\_

The Lessee warrants that the facility desired is intended to be used for the purpose described in the application, and that all information provided in this application is true and accurate. The Lessee further agrees to hold harmless Barry University, its trustees, officers, and agents from any claims, liabilities and causes of action arising out of the operation of this agreement. It is understood that no Alcoholic beverages will be served, and decorations will not cause damage to the facility. Services and equipment listed above will be provided for an additional charge.

The lessee agrees to maintain during the term of this liability insurance (Hazard and Third Party Liability) with the limits of liability \$1,000,000/\$1,000,000 (Bodily Injury/Property Damage- each occurrence). A copy of the insurance waiver must be submitted by the date indicated in the Facility Use Agreement.

You will be notified by mail of the action taken on this application. If you have any questions, please call (305) 899-3057. Thank you for choosing Barry University.

Print name to be listed on contract: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Conference & Event Services must approve the use of any campus facilities. This form will be used for preliminary planning purposes only. Requests for any of the facilities requested above should be submitted to our office in writing prior to your conference, with specific dates and times.

**Please return this form to:**

**THANK YOU FOR CONSIDERING BARRY!**

**Conference & Event Services  
Barry University  
11300 NE 2nd Avenue  
Miami Shores, FL 33161  
By Email: [ceserv@barry.edu](mailto:ceserv@barry.edu)**