

University of Arkansas
Camps
Insurance Form

Identification:

Name of Camp: _____

Date(s) of Camp: _____

Office Emergency Contact Name & Number: _____

Circle One:

Non-Sports Camps \$0.33 Per Person/Per Day

Sports Camps Day \$0.95 Per Person/Per Day

Sports Camps Overnight \$1.05 Per Person/Per Night

List Names of Participants or Attach a List

Camp Insurance Charges

(A) Number of Participants: _____

(B) Number of Days: _____

A x B x .33 or .95 or 1.05= Total \$ _____

Worktag to charge: _____

Email form to Risk Management

risk@uark.edu

Date Sent: _____

Initials: _____