



Youth Programs – Protection of Non-Student Minors

Emergency Locater List for ASU Summer Camps

Name of Camp: _____

Date(s) of Camp: _____

Overnight or Day Camp (Circle One)

Name of Camp Sponsor/Director: _____

Cell Phone Number: _____

Alternate Contact: _____ **Alternate Phone Number:** _____

Times of Camp and relative locations throughout the day (can attached agenda):

Any additional pertinent information:

Routing: CC to PoliceDepartment@asurams.edu and roomsreservations@asurams.edu