



2006 STANDARDS VISITOR INFORMATION

Visitor Name: _____

Years as Visitor (circle one):

0 1-5 6-10 10+

Number of Visits to Date (circle one):

0 1-5 6-10 10+

WINTER ADDRESS and SUMMER ADDRESS sections with fields for dates, camp/company, street, city, phone, cell phone, and email.

When is the best time to reach you by phone? _____

Are you currently affiliated with a camp? [] Yes [] No If yes, camp name: _____

Location of camp: _____ Your position at Camp: _____

If no, state your occupation: _____

PLEASE INDICATE YOUR PREFERENCES REGARDING VISIT ASSIGNMENTS:

Maximum number of visits I can make this summer: _____ Preferred number of visits: _____

I am available on short notice ("on-call"): [] Yes [] No

Maximum travel distance one way for a visit: Miles: _____ Hours: _____

I am willing to stay overnight if a visit requires two days: [] Yes [] No

I prefer to be the: [] Lead Visitor [] 2nd Visitor [] Doesn't Matter

Camps I would like to visit: _____

Camps I would prefer not to visit: _____

Please remove my name as an active Visitor: [] Yes [] No If yes, explain: _____

Please return this form via fax or mail by MARCH 1, 2006 to American Camp Association, Southeastern 3308 Durham Chapel Hill Blvd., #101, Durham, NC 27707 Fax: (919) 402-4766