



## 2007 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	SUMMER ADDRESS
Use the address below during these dates	Use the address below during these dates
Camp/Company	Camp/Company
Street or P.O.#	Street or P.O.#
City, State, Zip	City, State, Zip
Phone	Phone
Cell Phone	Cell Phone
E-mail	E-mail

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, 2007 to  
 American Camp Association, Southeastern  
 3308 Durham Chapel Hill Blvd., #101, Durham, NC 27707  
 Fax: (919) 402-4766