



## INFORMATION ABOUT YOUR CAMP FOR YOUR STANDARDS VISIT

This information is necessary for arranging and preparing an Accreditation Visit for your camp. A copy of this form will be mailed to the two visitors who will be coming to your camp. Please return this form to the Southeastern Office **by March 15, 2006** (address below) and don't forget to make a copy for your files. Thank You!

Camp Name \_\_\_\_\_

Camp Address \_\_\_\_\_

Camp Phone \_\_\_\_\_ Camp Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web Address \_\_\_\_\_

Camp Director \_\_\_\_\_ Cell phone \_\_\_\_\_

Pre-Camp Address (if different from above) \_\_\_\_\_

Pre-Camp Phone \_\_\_\_\_ Pre-Camp Fax \_\_\_\_\_

Name of Operating Organization \_\_\_\_\_

Standards Course Attended \_\_\_\_\_

Person Who Attended Course \_\_\_\_\_ Date \_\_\_\_\_

Arrange Camp Visit With (Person's name) \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Dates of Camp Season: \_\_\_\_\_ to \_\_\_\_\_

List the First & Last Days of Each Camp Session \_\_\_\_\_

Three Preferred Dates for Your Visit \_\_\_\_\_

Modes of Operation to be Scored, Camp Activities, Type of Camp (check all that apply)

- Day     Resident     Short-term Residential     User Groups  
 Aquatics     Adv/Challenge     Trip/Travel     Horse  
 Private     Agency     Church     Special Population  
 Other \_\_\_\_\_

Our Camp Requests a Pre-Visit:     YES     NO

PLEASE INCLUDE: A map to your camp with clear instructions and a link to your website if you have one

RETURN FORM BY MARCH 15, 2006 TO:  
American Camp Association™ Southeastern  
3308 Durham Chapel Hill Blvd, Suite 101, Durham, NC 27707  
FAX (919) 402-4766