# Contractor Information Sheet

Please complete this form and return it by fax at (319) 273-2058. If you prefer to submit this form via e-mail, you can download a copy of this form in MS Word/PDF format at http://www.uni.edu/campadv/2003contracts.html. Should you need any further assistance, please feel free to contact Jason Lau at Jason.Lau@uni.edu. Thank you very much for your cooperation.

Please PRINT

## Contact Information

<table>
<thead>
<tr>
<th>Point of Contact</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsoring Agency</td>
<td>Address</td>
</tr>
<tr>
<td>Point of Contact</td>
<td>City</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>State</td>
</tr>
<tr>
<td>Phone No.</td>
<td>ZIP</td>
</tr>
<tr>
<td>Fax No.</td>
<td></td>
</tr>
<tr>
<td>Emergency Phone Number</td>
<td>(after hours)</td>
</tr>
<tr>
<td>E-mail Address</td>
<td></td>
</tr>
<tr>
<td>Website (if available)</td>
<td></td>
</tr>
</tbody>
</table>

## FEDEX Address

**Important:** This must be a street address. FEDEX cannot deliver to P.O. boxes or APO codes.

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State/Province</td>
</tr>
<tr>
<td>Country</td>
<td>ZIP/Postal Code</td>
</tr>
<tr>
<td>Phone No.</td>
<td></td>
</tr>
</tbody>
</table>

## Facility

<table>
<thead>
<tr>
<th>Facility</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Center Phone No.</td>
<td>Fax No.</td>
</tr>
<tr>
<td>Teen Center Phone No.</td>
<td>Fax No.</td>
</tr>
<tr>
<td>Pool Phone No.</td>
<td>Fax No.</td>
</tr>
<tr>
<td>Other facility (please specify)</td>
<td>Fax No.</td>
</tr>
<tr>
<td>Phone No.</td>
<td>Fax No.</td>
</tr>
</tbody>
</table>

## Counselor

<table>
<thead>
<tr>
<th>Counselor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor Mailing Address</td>
<td>Address</td>
</tr>
<tr>
<td>City</td>
<td>State/Province</td>
</tr>
<tr>
<td>Country</td>
<td>ZIP/Postal Code</td>
</tr>
<tr>
<td>Counselor Housing Phone No.</td>
<td></td>
</tr>
</tbody>
</table>

FORM 2003CIS 4.22.03
Program Information

Actual site or location of Camp Adventure™ program ____________________________

Program type (day camp, teen camp, etc.) ____________________________

Total weeks of camp ________ (Please do not include orientation week.)

What are the expected camp hours? _________ to ____________

Camp start date ________________ Camp end date ________________

Staff arrival date ________________ Departure date ________________

Expected number of campers ________ Number of CA staff ____________

Expected ratio (staff : children) ____________

Camper ages _____ to _____ Number of supplemental SAS staff ____________

Will there be pre-camp activities such as an orientation?  Y / N

Will you orient our staff on local conditions on and off base, of which they need to be aware to be safe?  Y / N

Will you continue to update our staff via “base newsletter” or any other forms of communication regarding local conditions of concern?  Y / N
(Note: Please assist us in giving our female staff guidance to avoid harassment.)

How are fees collected/paid on field trips (who handles the money)?

______________________________________________________________

Are there bio-hazard and First Aid kits available for the Camp Adventure™ Staff?  Y / N

Will Camp Adventure™ staff be required to plan or develop or participate in any special events ____________________________

Have you received a supply list?  Y / N
(Supply List is also available on our website at http://www.uni.edu/campadv/2003contracts.html)

Have you purchased the supplies?  Y / N

What are the arrangements for lunch at camp (provided, must bring sack lunch, etc)
Camp Facility
Will there be a facility designated for camp?  Y / N
Please describe ________________________________________________________
____________________________________________________________________
____________________________________________________________________
During what hours will camp staff have access to
Phone _________________ Fax _________________ Copier _________________
Is fax machine available for supervisory staff?  Y / N

Staff Travel Information
Staff will fly into which airport __________________________________________
Please verify that your staff will provide ground transportation:  Y / N
Name: __________________________  Local contact no.: _____________________
We will provide your agency with travel information as soon as it is available.
Who would you like us to provide the available information?
(Please list if this person is different from the one who listed in the Contact Information
Name: __________________________  Contact no.: __________________________

Lodging Information
Rate/fee (if applicable) _________________________________________________
Description of housing (i.e. size, location) _________________________________
____________________________________________________________________
Number of staff per room _________ Are sheets and blankets provided?  Y / N
Dressers?  Y / N  Television?  Y / N
Microwave?  Y / N  Access to kitchen?  Y / N
Is housing available for supervisory staff?  Y / N  Cost ________ per ________
Note: Access to a local phone should be available for counselors. (on each floor if a dorm).
Transportation
What arrangements will be made to deliver supervisory persons to and from the airport?

If supervisor arrive in a rental car, is special permit needed to drive on base?  Y / N
Will staff have access to vehicles during camp?  Y / N After camp hours?  Y / N
Are military licenses needed?  Y / N Is another special license needed?  Y / N
If a special license is needed, please describe ________________________________
If a special license is required, will staff have an opportunity to become licensed/endorsed during the pre-camp preparation week?  Y / N
Who will bear the cost of special licensure/endorsements? ___________________
Are staff personal vehicles allowed on site?  Y / N
Special requirements ________________________________
Are gas coupons readily available (overseas only)?  Y / N
Will Project Coordinator and Project Director get site I.D.?  Y / N

Privileges
What privileges will staff have?
___ Recreation centers/clubs  ___ Dining facilities  ___ Commissary
___ Health care (reimbursable)  ___ PX/Exchange  ___ US Postal Service
Others: ________________________________
Will camp staff be issued I.D. cards?  Y / N
If shopping privileges are not granted, what arrangements will be made to get staff to and from nearby shopping areas (food, toiletries, etc.) ________________________________

Access to computers?  Y / N  _____________________________
Access to printers?  Y / N  _____________________________
Access to internet?  Y / N  _____________________________
Access to long distance calling?  Y / N*
* IMPORTANT NOTE:
Camp Adventure™ will NOT assume responsibility for phone bills of individual counselors. We encourage counselors to provide their own phone calling cards or call collect as opposed to dialing direct and being billed for calls by your agency.

**Miscellaneous**

Could you send information about your installation and area?  Y / N

(If you could, please send it to Jason Lau, Marketing and Contracts, Camp Adventure™ World Headquarters, 1223 W. 22nd Street, Cedar Falls, IA 50614 or email me your information at Jason.Lau@uni.edu)

Form Completed by
Name and Title: ______________________________
Date ______________________________

**Please return the complete form by fax at (319) 273-2058 or email at Jason.Lau@uni.edu**

**Thank you very much for your cooperation!**
Now you can take care of business when it’s most convenient for you.

We have created a web page, for the exclusive use of our contract partners, to aid the preparation of your summer camp programs. The web page contains:

**Marketing Materials:**
- 2003 Themes
- Sample Press release
- Notes for *Camp Adventure™* Partners
- Slicks for distribution
- Recommended Supply List
- *Camp Adventure™* Youth Services - Logos and Clip Arts

**Useful Forms:**
- Contractor Information Sheet
- Liability Insurance Form
- Mid Term Evaluation
- Evaluation for end of summer

Now you can conveniently visit these useful resources from home, work or anywhere you have internet access by following these simple steps:

Open up your browser and go to [www.campadventure.com](http://www.campadventure.com)

Click on the “Contract Partner” button

Click on “Summer 2003” (left side of page)

OR

Go directly to [www.uni.edu/campadv/2003contracts.html](http://www.uni.edu/campadv/2003contracts.html)