

2009 ACCREDITATION VISIT REGISTRATION FORM PLEASE RETURN BY FRIDAY, JANUARY 9, 2009

2009 Standards Accreditation Visit & Pre-Visit Documentation Review Registration

- _____ "Our camp DOES want an Accreditation Visit this summer, 2009."

- _____ "We would like to meet with a Visitor/section staff person from January - May for a Standards Mentoring Session. Please ask a Visitor/staff person to call us to arrange a date, time & place to meet."

- _____ "We would like to participate in the Standards Pre-Visit Documentation Review to be held at the Salvation Army Norridge Citadel Corps Community Center Norridge, Illinois. **You will be contacted with more specific information.**

- _____ "We DO NOT want a Visit this summer, 2009."

2009 FULL Standards Course Registration. For people who have never had a Standards Course or been involved as the lead camp representative in an Accreditation Visit Please Check here:
Gordie Kaplan will contact you to arrange a Standards Course for your camp.

2009 Standards Update Courses Registration: For people who have had the Standards Course since 1998 and have participated in an Accreditation Visit as the lead camp representative.
Please register me/us for the following Standards Update Course.

- _____ January 22nd at the Salvation Army Norridge Citadel Corps Community Center.

- _____ February 24th at the Salvation Army Norridge Citadel Corps Community Center.

- _____ March 26th at Mid States, Pheasant Run Resort, St. Charles, IL .

Within two weeks of the course you select we will send you a confirmation, travel map, and for the Mid States course, the meeting room location.

Our camp will need one free accreditation process guide, please:

- _____ mail it to us

- _____ please provide the guide to us at the update course (or when we have our mentoring meeting)

- _____ Our camp already has an accreditation process guide

Name(s) of People Attending the Course:

Primary Contact Person _____ Camp Name: _____

Mailing Address: _____

_____ City _____ State _____ Zip Code _____

Day Time Phone: (____) _____ Your Email Address _____

Please mail or fax (815) 301-3755, or email (INFO@ACAIL.ORG) to the ACA Illinois Office Questions???? Please call us (312) 332-0833.