

## Direct Mail List

This is a request for the single use of ACA's direct mail list. Current ACA Business Affiliates **may request the use of one free list per year** as an affiliation benefit. Additional lists may be requested but shall incur an additional cost.

Date Ordered \_\_\_\_\_ Date Needed \_\_\_\_\_

Business Affiliate Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Format:  Excel  Text File

**You may choose one (1) of the following lists** (An additional list may be requested in the same year for a fee of \$220 per thousand for full groups, plus \$20 per thousand for subsets of the groups listed below).

ACA Camps  ACA Day Camps

ACA Resident Camps  Camp Prospects

Request for subsets of above groups will incur a charge of \$20 per thousand, per subset of the group.  
\_\_\_\_\_ (i.e., tennis camps)

**What Can I Send?** You can send a letter, postcard, flyer, and/or a catalog.

In order to protect ACA's intellectual property, mailing lists will only be sent to approved mail house processing companies and NOT directly to the ACA Business Affiliate, unless pre-approved by ACA. Please provide your preferred mail house processing company below.

Preferred Mail House Processing Company \_\_\_\_\_

Telephone Number \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

**Agreement:** This list is for a **single use and shall be used only by a mail house vendor**. I agree that neither my mail house vendor nor my company will reproduce this list in any form or manner and will not disclose, transfer, or retain on paper or electronically all or any part of the list received. I understand this list is seeded to protect against abuse and does not contain e-mail addresses or telephone numbers. I will incur **a penalty fee of \$5,000 and/or have my business affiliation revoked if for any reason the list provided is not used in accordance with this agreement**. All mailings will be reviewed by ACA and ACA shall retain the right to refuse any and all aspects of the mailing for any reason. This list is to be used to promote products or services representing only the above ACA Business Affiliate. **The mailing of product samples will not be accepted**. For mailing of product samples the ACA Connect Program shall be used for solicitations to camps. (Please call Business Development for more details on the ACA Connect Program.)

### Payment

Card Type:  MasterCard  VISA  Discover  AMEX

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code\* \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

\*three- or four-digit code on back or front of credit card

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Sign and fax this form with a copy of your mailing to 765-342-2065.

### American Camp Association

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