Camp Venture Club Packet

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Camp Venture Flyer
For informational and recruiting purposes

Club Timeline
To stay on schedule

Camper Selection Criteria
To help select quality campers

Reservation Form
For Clubs to reserve and pay for their camper, please return to Camp Venture.

Student Application Form
For Club use only, to help select quality campers - do not sent to Camp Venture

Student Information Form
To be completed by the camper and returned to Camp Venture by camper or Rotary Chairperson. Students also have this form in their packets.

Camp Venture Authorization Form
To be completed by the camper & guardians and returned to Camp Venture by camper or Rotary Chairperson. Students also have this form in their packets.
Business Camp for Leaders & Entrepreneurs
St. Mary's College
Moraga, CA

DEVELOP WINNING STRATEGIES TO SUCCEED IN BUSINESS
"XTREME" TEAM BUILDING
MOTIVATIONAL & LEADERSHIP ACTIVITIES
INTERACTIVE DEVELOPMENT OF "REAL" BUSINESS PLANS

- COST PAID BY A SPONSORING ROTARY CLUB
- STUDENTS HAVING COMPLETED JUNIOR YR
- CONTACT YOUR STUDENT COUNSELOR
- FURTHER INFORMATION:
  Email: CampVenture@Rotary5160.org

June 19-23, 2024
CAMP DATE FOR 2024: Wednesday, June 19 - Sunday, June 23, 2024

The following is a suggested ACTION timeline for clubs to sponsor a CAMP VENTURE student:

November 2023  **BUDGET** Camp Venture. This year’s camp is $900 per student.

November 2023  Form your **SELECTION COMMITTEE** to contact schools and follow up with timeline.

February 15, 2024  **DEADLINE TO SUBMIT** Reservation Form with $900 to guarantee your SPOT for your students. Earlier reservation is recommended as we typically **SELL OUT**!

February 28, 2024  **CONTACT** school representatives. Take student application forms to school. Recommendation: have faculty select students as an “award”. (Brochures and posters asking for sign-ups are generally ineffective).

April 1, 2024  Get candidate names, applications and schedule interviews. Schedule interviews early enough to make the rest of the DEADLINES.

April 30, 2024  Submit selected Campers’ **Student Information Form** and **Camp Venture Authorization Form** to CampVenture@Rotary5160.org.

May 15, 2024  Contact your student and verify transportation arrangements and that all authorization forms have been sent in.

May 31, 2024  Contact your student again ☺...be sure that all is GO!!!!

June 15, 2024  Final check in with your student...be sure that they are ready to GO! Have Camper add emergency Camp Venture co-chairs cell numbers to parent’s phone. This in case the program needs to call parent in an emergency.

June 19, 2024  Come to Camp Venture...you’ll have a blast!

Contact information:

<table>
<thead>
<tr>
<th><strong>David Litty</strong></th>
<th><strong>Cory Busher</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp Venture Co-Chair</td>
<td>Camp Venture Co-Chair</td>
</tr>
<tr>
<td>Cell: (954)347-1974</td>
<td>Cell: (530)353-0357</td>
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<tr>
<td>Email: <a href="mailto:CampVenture@Rotary5160.org">CampVenture@Rotary5160.org</a></td>
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*Thank you for your continued support of Camp Venture*
CAMPER SELECTION CRITERIA

1. Completed regular high school through year eleven with a GPA of 3.0 (B) or higher. Camp Venture will accept students completing their sophomore or senior years as well but please contact the chairs first for more information.

2. **Demonstrated entrepreneurship or business interest at school, work site or extra-curricular activities.**

3. Student SHOULD be recommended by a teacher, counselor, student advisor or work supervisor. Camp Venture is an entrepreneurial “BOOT CAMP.” We provide an intensive, high learning and experiential environment. Students should be able to work in teams and be academically, socially and behaviorally appropriate. Please email CampVenture@Rotary5160.org for any questions regarding the best candidates for CAMP VENTURE.

4. The candidate should be prepared to submit written or verbal statements for use by the interview committee of the sponsoring Rotary Club (Rotary Club’s discretion). The statements should detail how the knowledge and skills gained at Camp Venture will benefit the student and their school community.

5. Commitment to follow Camp rules including: no smoking, no drinking, no use of illegal substances and observe Camp curfew rules. No hats, must wear Camp issued shirts at all times. (See other dress code requirements.)

6. Info to be updated as required for current conditions, but currently we need proof of a Negative Covid 19 test 72 hours previous to start of Camp will be required for participation at Camp.

   Student **MUST** attend the entire Camp session; no exceptions.

7. **Sponsoring Club** shall make arrangements for transportation to and from Camp for students.

8. Be prepared to sign a contract concerning the student’s responsibility and willingness to participate in the Camp Venture program.

9. Be prepared to make a presentation to their sponsoring Club when they return from Camp.

REMINDER: DEADLINE FOR AUTHORIZATION AND STUDENT INFORMATION FORMS IS APRIL 30, 2024
TO RESERVE SPOTS FOR YOUR CAMPERS...PLEASE COMPLETE ALL!

Complete this form and enclose the full registration fee of $900.00 per camper.

Email this form by February 15, 2024 to: CampVenture@Rotary5160.org

Mail Check by February 15, 2024 to:
Rotary Camp Venture Reservations
1945 Hackett Dr.
Woodland, CA 95776

Make checks payable to Camp Venture, District 5160.

Please make reservations as follows for Camp Venture 2024:

Name of Club: _______________________________________________________

Number of Students Attending: __________________________________________

IMPORTANT CONTACT INFO NEEDED:

Camp Venture Chairperson: __________________________________________

Address: ____________________________________________________________

Contact Telephone numbers: ___________________________________________

E-mail: _____________________________________________________________

Amount Enclosed: ____________________________________________________

Reminder:
Student Information Form, and Camp Venture Authorization Form required BY APRIL 30, 2024

Thank you for your continued support of Camp Venture
STUDENT APPLICATION FORM

Name: ________________________________ ☐ M ☐ F Birthdate __________

Address: ____________________________________________________________
            Street
            City ___________________________ State ______ Zip

Telephone: _______________ E-Mail: ______________________________

High School: ____________________________ Grade: _____ GPA: ______

Sponsoring Rotary Club: ________________________________

Rotary Club Chairperson: ________________________________

List current activities at school (sports, clubs, etc.):

List current activities off campus (employment, volunteer work, sports, hobbies, etc.):

Have you selected a career goal?

*Please attach an original essay (200 words or less) entitled “Why I would like to attend Camp Venture.” Since you will be part of a team, please include in your essay a brief example of when you were on a team and what made it work well – or what could have made it work better.

APPLICATION DEADLINE: ________________

Please return completed application & essay to ______________________________________
   (To be determined by the Rotary Club)
STUDENT INFORMATION FORM
Wednesday, June 19 – Sunday, June 23, 2024

PLEASE PRINT LEGIBLY...ALL LINES!!!

Name: _____________________________________________    M ____   F _____

Address: ____________________________________________________________
          Street  ____________________________________________________________
          City    State    Zip

Telephone: __________________________________________________________

E-Mail: ______________________________________________________________

High School: ________________________________________________________

Sponsoring Rotary Club: _______________________________________________

Rotary Club Chairperson: ______________________________________________

Allergies or special dietary requirements: _________________________________

T-shirt size___________________________________

Emergency Information

Parent or Guardian: ___________________________________________________

Address: ____________________________________________________________
          Street  ____________________________________________________________
          City    State    Zip

EMERGENCY Telephone: _________________________________________________

CAMPERS: Add Camp Venture Emergency Contact # to parent’s phone in case of emergency:

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PLEASE RETURN TO CAMP VENTURE REGISTRAR BY APRIL 30, 2024
CAMP VENTURE AUTHORIZATION FORM 2024
Wednesday, June 19 – Sunday, June 23, 2024

CAMPER’S STATEMENT:  Name ________________________ (print please)

I hereby accept the “Campership” from my sponsoring Rotary Club and agree to attend “Camp Venture” being held at St. Mary's College in Moraga, California, June 19 - June 23, 2024. I understand I must attend the entire camp and acknowledge that I will not be permitted to leave the camp early nor arrive late. Initial _____ I agree to obey the camp rules (Please refer to the “Camp Venture Rules” enclosed.). I agree not to bring nor use any alcohol, drugs or unauthorized medications during camp.

Date: ____________________ Camper’s Signature: ____________________________

PARENT’S AUTHORIZATION

I/we hereby give my/our consent for my/our son/daughter to attend “Camp Venture” June 19-June 23, 2024. I/we further acknowledge that if my/our son/daughter is found to be in possession of liquor, drugs, or unidentified medications or violates the camp rules, that he/she will be sent home at once at my/our expense.

I/we also acknowledge that should my/our son/daughter decide they are not able to attend camp that I/we will reimburse the sponsoring Rotary Club for the tuition paid ($900). Initial _____

We understand and acknowledge that neither Rotary nor “Camp Venture” has any responsibility to provide medical services and that we, as his/her parents, are fully responsible for all medical costs incurred for our child’s benefit.

I/we hereby give consent to the Rotary “Camp Venture” Co-Chairs or his/her assigns, to hospitalize, order and secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my/our child herein above named. ADD Co-Chairs contact info to parent’s contacts:

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Date: ____________ Guardian #1 Signature: ____________________________________

Guardian #1 Name (Print) ____________________________

Guardian #2 Signature: ____________________________________

Guardian #2 Name (Print) ____________________________

Emergency Contact phone # Guardian #1 ________________ Guardian #2 ________________

Please provide us with family health insurance information below. (Attach Copy of Insurance Card) (Please print legibly)

Insurance Company ____________________________ Insured ____________________________

Employer ____________________________ Policy # ____________________________

Effective date ____________________________