Thanks to the generosity of Coca-Cola, the Ohio Union is once again able to offer Leadership Retreat Packages to registered and active Student Organizations!

**A retreat is an experience for your registered student organization with a leadership focus meant to cultivate and retain officers and members, and contribute to the mission of the organization. We believe that student leaders can be more effective in their positions and personal lives by developing leadership skills and creating unity within their organization and the greater campus community.**

Please complete the following application for retreats taking place in April 2010-June 2010.

Completed applications should be submitted to the Center for Student Leadership and Service at the Ohio Union, located on the second floor, southeast corner, attention to Jen Pelletier.

Due to increased demand for retreat packages, each student organization may receive only one retreat package per academic year.

Only student organizations that are registered and active with the Ohio Union are eligible to apply.

**Applications Due by 6:00 pm Friday, April 23 for retreats Friday, April 30 – Sunday, June 20**

**Section 1: Organization Information**

Organization Name: __________________________________________________________

Organization Contact Name: _________________________________________________

Contact Email Address and Phone Number: ___________________________________

Advisor Name: _____________________________________________________________

Advisor Email Address: _____________________________________________________

Number of Students in Student Organization: ________________________________

Organization Purpose Statement: ____________________________________________

________________________________________________________________________

________________________________________________________________________
Section 2: Retreat Details

What is/are the date(s) of your retreat? ________________________________

Start and end time of your retreat? ________________________________

How many students will attend your retreat? __________________________

What are the goals for your retreat? ________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

How this will retreat experience benefit your organization? _________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

What is your overall retreat agenda? Please include your experiential team activity (if you select one) and any other activities or topics.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
Section 3: Opportunities for Support

- **Funding:**
  - A check for up to $100 to purchase supplies/food. All purchases must abide by purchasing guidelines which will be provided once your retreat application has been approved.
  - The total amount of funding provided for each retreat is based on the number of attendees and the total length of the retreat experience.
  - Please include your organization’s EIN, OR complete the attached “AP Compliance Form” to be eligible for funding.
    - EIN: __________________________
  - A funding audit must be submitted within one week of your retreat. Organizations that do not submit a funding audit in a timely manner, or at all, may be ineligible for future retreat opportunities.

- **Coca-Cola Beverages:**
  - The total amount of beverages provided for each retreat is based on the number of attendees and the total length of the retreat experience.
  - Request your beverage selections below. Please ensure percentages total 100%. Note that because products are delivered in cases of 24, some breakdowns may not be possible.
  - After your retreat package has been approved, changes to your beverage request will not be possible.

  Coke: ___%  
  Diet Coke: ___%  
  Sprite: ___%  
  Minute Maid Lemonade: ___%  
  Dasani Water: ___%  
  PowerAde Mountain Blast: ___%  
  PowerAde Fruit Punch: ___%  
  Minute Maid 100% Orange Juice: ___%  
  Minute Maid 100% Apple Juice: ___%

- **Retreat Supplies:**
  - Supplies include scissors, tape, highlighters, markers, pens, notepads, and/or giant post-it paper.
  - All supplies must be returned within one week of your retreat. Organizations that do not return supplies in a timely manner, or at all, may be ineligible for future retreat opportunities.

- **Experiential Team Activities:**
  - Your organization may choose to participate in an experiential team activity for up to the maximum number of participants listed for each preferred location.
  - For retreat groups larger than the listed maximum, arrangements may be made for your organization to cover the difference in cost for additional participants.
  - The Ohio Union will...
    - Contact the location and set up the contract and payment.
  - Your organization will...
    - Coordinate related travel, confirm final details with the location, and ensure your organization’s participation.
Cancellation policies differ for each of the off-campus retreat locations. Any changes or cancellations, once your retreat is confirmed, may require your organization to cover the entire cost of your experiential team activity or related cancellation costs.

**Consultation and Facilitation from the Student Leadership Advocates:**

- Student Leadership Advocates (SLA) are available to work with you to develop your retreat agenda, design or coordinate retreat activities, and facilitate portions of or your entire retreat experience.
  - Plan on at least one meeting with your SLA prior to your retreat to discuss and confirm plans.
  - You will be matched with a SLA based on availability and your retreat goals.
- All SLA student leaders have been trained in effective facilitation, reflection, program design, and group dynamics.
- Available topics include, but are not limited to: communication, event planning, feedback, goal setting, meeting management, personality/leadership style, team development activities. Additional topics and activities can be developed by request.

What SLA services would you like utilize (check all that apply):

- [ ] Consulting on overall retreat agenda, planning, logistics
- [ ] Facilitate one activity
- [ ] Facilitate entire retreat
- [ ] Other ________________________________
What is the date of your experiential team activity for reservation purposes: _______________

Please rank your top 3 locations and rank activities at the locations selected.

_____ Adventure Education Center (17 minutes driving distance)
    www.adventurecenter.org

<table>
<thead>
<tr>
<th>Activity</th>
<th>Group Size</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Initiatives</td>
<td>8-12, up to 18</td>
<td>3-3.5 hrs</td>
</tr>
<tr>
<td>High Ropes (until November)</td>
<td>8-12, up to 18</td>
<td>3-3.5 hrs</td>
</tr>
<tr>
<td>Double High Ropes (until November)</td>
<td>8-12, up to 18</td>
<td>3-3.5 hrs</td>
</tr>
<tr>
<td>High Elements (until November)</td>
<td>8-12, up to 18</td>
<td>3.5 hrs</td>
</tr>
<tr>
<td>Big Picture (inside or outside)</td>
<td>up to 20</td>
<td>3.5 hrs</td>
</tr>
<tr>
<td>Survivor (inside or outside)</td>
<td>up to 20</td>
<td>3.5 hrs</td>
</tr>
<tr>
<td>GPS Scavenger Hunt</td>
<td>3-6, up to 20</td>
<td>3.5 hrs</td>
</tr>
</tbody>
</table>

** AEC has a 3-day cancellation policy. Any changes or cancellations made within 3 days of your retreat date will result in a cancellation charge to your organization.

_____ Summit Vision Center (26 minutes driving distance)
    http://www.summit-vision.com

<table>
<thead>
<tr>
<th>Activity</th>
<th>Group Size</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiatives</td>
<td>8-12, up to 2 groups</td>
<td>flexible, approx. 3-3.5 hrs</td>
</tr>
<tr>
<td>High Ropes</td>
<td>min. 8, max. 12</td>
<td>flexible, approx. 4 hours</td>
</tr>
<tr>
<td>Everest Climbing Tower</td>
<td>min. 8, max. 12</td>
<td>flexible, approx. 4 hours</td>
</tr>
<tr>
<td>Amazing Race Challenge</td>
<td>min. 8, max. 10</td>
<td>flexible, approx. 5-6 hrs</td>
</tr>
</tbody>
</table>

** Summit Vision has a 2-week cancellation policy. Any changes or cancellations made within 2 weeks of your retreat date will result in a cancellation charge to your organization.

_____ sparkspace (10 minutes driving distance)
    http://www.sparkspace.com

<table>
<thead>
<tr>
<th>Activity</th>
<th>Group Size</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loft, Retro, Zenergy, Think Tank meeting space</td>
<td>group of 8 or less</td>
<td>up to 8 hours</td>
</tr>
<tr>
<td>Board Room meeting space</td>
<td>group of 6 or less</td>
<td>up to 8 hours</td>
</tr>
</tbody>
</table>

** Please note, sparkspace includes meeting space only. Your organization is responsible for developing retreat content and activities. Student Leadership Advocates are available to help you with designing and/or facilitating your retreat held at sparkspace.
Section 4: Experiential Team Activities Information (continued)

_____ Woodhaven Farm (40 minutes driving distance)
http://www.woodhavenfarm.com

☐ Cooking-based team building  min. of 12, max. of 20  flexible times

_____ OSU Outdoor Adventure Center (on campus)
http://recsports.osu.edu/outdoor.asp

☐ Low Ropes and Team Building Initiatives  max. of 32  2-3 hours
☐ Geocaching (GPS scavenger hunt)  max. of 32  2-3 hours
☐ Rock Climbing  TBA  TBA

** Please note, the OAC can accommodate overnight retreats with appropriate notice. You may choose to combine one of these initiatives with an overnight stay at the Adventure Recreation Center.

_____ Other Retreat Venue, subject to approval by Ohio Union staff

Funding may be available to support retreat activities at locations not already listed here. Contact Jen at Pelletier.17@osu.edu for more information about this option.

** Please note, retreats at locations that are not pre-arranged may take longer to confirm. Please be sure to allow sufficient time in your overall planning.
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

In accordance with Internal Revenue Service and State of Ohio regulations, we are required to obtain the following information for all businesses and individuals to whom we make payments. Please fill out all the information that applies to you or your business.

1. Provide General information:

   Taxpayer Name __________________________________________________________
   Business Name (if applicable) ______________________________________________
   Address ______________________________________________________________________
   City __________________________ State _______________ ZIP Code _____________
   Phone __________________________ Fax ______________________________

2. Check the most appropriate category below (please check only one):

   ☐ Sole Shareholder of a Corporation or Sole Member of a Limited Liability Company
   Date of Birth* ___ / ___ / ______ (MM/DD/YYYY) *Required by State Law
   ☐ Individual
   Date of Birth* ___ / ___ / ______ (MM/DD/YYYY) *Required by State Law
   ☐ Corporation
   ☐ Partnership
   ☐ Government agency or organization that is tax-exempt under Internal Revenue Service guidelines (e.g., IRC 501(c)3 entities)
   ☐ Sole Proprietorship
   Date of Birth* ___ / ___ / ______ (MM/DD/YYYY) *Required by State Law

3. Provide Taxpayer Identification Number

   Social Security Number: ______ - ______ - ____________
   ☐ U.S. Citizen ☐ Resident Alien ☐ Non-resident Alien

   OR

   Federal Employer Identification Number (EIN): ______ - ________________

4. Certification – Sign and date AP Payment Compliance Form **

   Under penalties of perjury, I certify that the information shown on this form is correct to my knowledge
   Signature __________________________________________________________ Date ___________
   Title ________________________________________________________________

   **If the payment is being made in settlement of a lawsuit, the information on this form may be obtained from plaintiff’s counsel or from OSU Human Resources (if the plaintiff is a current or former employee).

Please write legibly and complete form in ink. Submit form to Ohio Union Business office:
   • e-mail: Pelletier.12@osu.edu; Phone: (614) 292-7924
   • Fax: (614) 292-1816

FOR OSU USE ONLY

Submitted by Department Representative ___________________ Contact phone number ___________________

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