UC SANTA BARBARA
FAMILY VACATION CENTER

2011 Family Vacation Center
Pre-Arrival Form

Please print and fill out the entire Pre-Arrival Form. It has five parts:

1. **Family Information**
2. **Activity Sign-Up**
3. **Babysitting Sign-Up**
4. **Cake Order**
5. **Emergency Info, Review and Submit**

Return the completed form by fax, or mail to:

Family Vacation Center, UCSB Alumni Association,
Santa Barbara, CA 93106-1120

Fax: 805-893-2927 Email: vacation@ia.ucsb.edu

UC SANTA BARBARA
FAMILY VACATION CENTER

Part One: Family Information

***Required**

***Last Name: _____ *First Name: _____**

***Email Address: _____**

***Week of Vacation: _____**

Guest Bill Information
During your vacation you can add charges to your tab for merchandise, excursions or craft projects. Your bill can be settled with check or credit card at the end of your stay.
***Can your kids add charges on your families FVC tab?**
Yes____ No____

Transportation
Car Make and Color:_____ License Plate #:_____

Service Request: Arrival
We need transportation form the: SB Airport___ SB Bus Station___ SB Train Station___
Goleta Bus Station___ SB Airbus___ Goleta Train Station___

date and time of arrival: _____
Airline and Flight #: _____

Service Request: Departure
We need transportation to the: SB Airport___ SB Bus Station___ SB Train Station___
Goleta Bus Station___ SB Airbus___ Goleta Train Station___

date and time of departure from FVC: _____

Photo Release
***I agree to allow UCSB Family Vacation Center to use photos of our family for publicity purposes**
Yes:_____ No: _____

Email Release
***I agree to allow UCSB Family Vacation Center to show my email address on the Family Roster**
Yes:_____ No: _____

Special Needs:
Plastic sheets, disabilities, etc…
_____
_____

Crib Rental
I would like to rent a crib. Yes:____
Crib rental charge per week: $25

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Part Two: Activity Sign-Up

- **Read through Program Highlights on the Family Vacation Center website and decide which activities you would like to participate in.**
- **Register each member of your family who wishes to participate in each activity**
- **Please note cancellation policy upon check-in**
- **Activities with associated charges will be added to your tab**
- **Please note that you are not guaranteed a space in the activities, this is a request only. The activity sign ups are done on a first come, first served basis. You will be placed on a waitlist for an activity that has become full and we will do our best to accommodate you.**

Activity Descriptions available online. **WWW.FAMILYVACATIONCENTER.COM**

	Activity	Tentative Time	Cost per person	**Names of Participants**
Sunday	Santa Barbara Art Walk	9:15-11:45am	Free	
Sunday	Adult Surfing Lesson 13 yrs and older	9:15-11:45am	$45	
Sunday	Kickboxing	9:15-10:15am	$10	
Sunday	Yoga	10:30-11:30am	$10	
Sunday	Youth Surfing Lesson 8-12 yrs	2:15-4:45pm	$45	
Sunday	SLR Digital Photography Workshop	2:30-4:00pm	Free	
Monday	Wine Country Tour (Lunch Included)	9:15am- 3:30pm	$60	
Monday	Kayaking Tour 12 yrs + (Single Kayak)	9:15-11:45am	$45	
Monday	Kayaking Tour 7-11 years w/adult (Double Kayak)	9:15-11:45am	$45	
Monday	Santa Barbara Hike (Lunch Included)	9:15am-3:00pm	Free	
Monday	Adult Surfing Lesson 13 yrs and older	12:45-3:15pm	$45	
Monday	Golf Clinic	4:00-5:00pm	$25	

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	Activity	Tentative Time	Cost per person	**Names of Participants**
Tuesday	Golf Tournament Cancellation Policy, must cancel 7 days in advance or you will be charged full price	7:00am-12:00pm	$75	
Tuesday	Barefoot Training	9:15-10:15am	$10	
Tuesday	Campus Tour	9:15-10:30am	Free	
Tuesday	Plein Air Painting Workshop	9:15-11:30am	$40	
Tuesday	Mountain Bike Ride	10:00-11:45am	Free	
Tuesday	Yoga	10:30-11:30am	$10	
Tuesday	Adult Surfing Lesson 13 yrs and older	12:45-3:15pm	$45	
Tuesday	Youth Surfing Lesson 8-12 years	2:30-4:45pm	$45	
Tuesday	Adult Night on the Town Shuttle Service	5:15-9:00pm	Free	
Wednesday	Family Rock Climbing	9:15- 11:30am	$25	
Wednesday	Adult Surfing Lesson 13 years and Older	9:15-11:45am	$45	
Wednesday	Youth Surfing Lesson 8-12 years	1:00-3:15pm	$45	
Wednesday	Youth Surfing Lesson 8-12 years	2:30-4:45pm	$45	
Thursday	Santa Barbara Mission Tour	9:15am–12:00pm	$15	
Thursday	Kayaking Tour 12 yrs + (Single Kayak)	9:15-11:45am	$45	
Thursday	Kayaking Tour 7-11 years w/adult (Double Kayak)	9:15-11:45am	$45	
Thursday	SB 27-Mile Bike Ride	9:15am-12:15pm	Free	
Thursday	Yoga	9:15-10:15am	$10	
Thursday	Adult Surfing Lesson 13 yrs and older	12:45-3:15pm	$45	
Friday	Adult Surfing Lesson 13 yrs and older	9:15-11:15am	$45	
Friday	Nature Photo Walk	9:15-11:15am	Free	

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Part Three: Request for Babysitting Services

If you do not require babysitting services, move on to the next section now.

Staff are available for babysitting if you want to participate in an activity that does not coincide with our regularly scheduled kids group hours. Many vacationers enjoy eating dinner at one of Santa Barbara's many outstanding restaurants, going to a movie or just having some vacation time to themselves. We're happy to assist in babysitting any time you need us.

Babysitting Rates:

1-2 Children: $10/per hour

3-4 Children: $15/per hour

5 + Children: $24/per hour (2 staff will be assigned)

- **Cancellation Policy: If you cancel your babysitting 2 hours prior to your requested time, no cancellation fee will be charged. Vacationers who cancel within two hours requested babysitting, will be charged a $10 cancellation fee.**
- **Confirmation of babysitters will be on the Babysitting Board, which is located to the side of the Front Desk in the Lobby on Sunday morning. Changes on the Babysitting Board will be made throughout the week.**
- **Babysitters will meet you at your room unless you make other arrangements with them.**
- **Babysitting fees will be added to your tab. Vacationers do not pay their babysitters directly.**
- **Some of the most common times vacationers request babysitters are Monday night from 8:00-9:30pm during the NEW Adult Top Chef Challenge, Tuesday night from 9:00-11:00pm for Adults Only Pub Trivia Night, Wednesday from 9:00-10:30 for BYOB Wine Tasting and the NEW Perfect Match Game, and Thursday from 9:00-11:00pm for Adult Karaoke.**

Name of Child:_____ **Age:** _____

Name of Child:_____ **Age:** _____

Name of Child:_____ **Age:** _____

Name of Child:_____ **Age:** _____

Name of Child:_____ **Age:** _____

Name of Child:_____ **Age:** _____

1. Day: _____ **Time (from):**_____ **Time (to):**_____ **Where will you be?**_____
Notes:_____

2. Day: _____ **Time (from):**_____ **Time (to):**_____ **Where will you be?**_____
Notes:_____

3. Day: _____ **Time (from):**_____ **Time (to):**_____ **Where will you be?**_____
Notes:_____

4. Day: _____ **Time (from):**_____ **Time (to):**_____ **Where will you be?**_____
Notes:_____

5. Day: _____ **Time (from):**_____ **Time (to):**_____ **Where will you be?**_____
Notes:_____

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FAMILY VACATION CENTER

Part Four: Cake Order Form

If you do not want to order a cake to be delivered during your stay, go to the next section now.

Please check off your choices:

Name of Person Ordering Cake: _____

Name of Person Receiving Cake: _____

Size / Price: • 9" round feeds 12-15 / $40.00 _____ • ½ Sheet feeds 30-50 / $60.00 _____

• Full Sheet feeds 60-80 / $80.00_____

Occasion: •Birthday _____ •Other Special Occasion _____

Type: •White_____ •Chocolate _____ • Yellow _____ •Carrot _____

Fillings: •Bavarian Cream: _____ •Whipped Cream: _____ •Raspberry: _____

Frostings: • Vanilla: _____ •Chocolate: _____ •Cream Cheese: _____

Inscription on cake:
_____
_____
_____

Delivery Date (For example, Monday 7/5/10):_____

Delivery Time: _____

Delivery Location (For example, Dining Commons):_____

All orders must be received at least 3 days before requested delivery date.
Cake charges will be included on your tab.

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FAMILY VACATION CENTER

Part Five: Emergency Information

Parent's Emergency Phone#:_____

Name of Physician(s):_____

Physician's Phone #:_____

Insurance Provider: _____

Policy Number:_____

Expiration:_____

Child Health Information:

Child 1 Name: _____

- **Allergies?(please list)**_____
- **Medications?(please list):**_____
- **Other health concerns (please list)** _____

_____

_____

Child 2 Name: _____

- **Allergies?(please list)**_____
- **Medications?(please list):**_____
- **Other health concerns (please list)** _____

_____

_____

Child 3 Name: _____

- **Allergies?(please list)**_____
- **Medications?(please list):**_____
- **Other health concerns (please list)** _____

_____

_____

Child 4 Name: _____

- **Allergies?(please list)**_____
- **Medications?(please list):**_____
- **Other health concerns (please list)** _____

_____

_____

Child 5 Name: _____

- **Allergies?(please list)**_____
- **Medications?(please list):**_____
- **Other health concerns (please list)** _____

_____