

**National Ultimate Training Camp**  
Mount Holyoke College  
South Hadley, MA  
**#NUTCnation**



Spring 2017

Dear Parent/Guardian,

We are all looking forward to having you join us for the 17<sup>th</sup> anniversary of the National Ultimate Training Camp! Tiina Booth and Amherst Leisure Services are proud to be partners in this wonderful endeavor. Counselors have been hired, discs and shirts are ordered, and all we need is for you to make your way to camp.

- **Campers should check in between 2:00 p.m. and 4:00 p.m.** Once you get to campus, just follow the National Ultimate Training Camp signs. GPS Address is 50 College Street, South Hadley, MA 01075
- All campers, whether they are staying overnight or not, should expect to spend Saturday evening at camp. We will eat dinner together that night and day campers should be finished between 9:00p.m. and 10:00 p.m.
- **Check out begins at 12pm** on Thursday. Semi finals will begin Thursday morning at 8:15 a.m. Finals begin at 9:45 a.m. and the Awards Ceremony is at 11 a.m. Parents are welcome to attend any and all of these events
- We are not responsible for your child outside of the days he/she attends camp. Between 2:00 p.m. Saturday and 12:30 p.m. Thursday are the only times we are responsible for your child.
- **The completed packet must be returned** prior to your child's camp session. It is essential to get these forms ahead of time for the staff and the trainer
  - Please send all completed materials back to:  
Amherst Leisure Services, Attn: NUTC, 170 Chestnut Street, Suite 1, Amherst, Ma 01002
  - OR scanned and emailed to [steelea@amherstma.gov](mailto:steelea@amherstma.gov)
  - OR faxed to 413-259-2407
- In this packet you will find the following:
  - **Camper Information Sheet:** Including Emergency Contact Information, Health Insurance Information, Photo Release Signature, Permission to Participate Signature, First Aid Signature, and Medication Procedure signature (regardless of whether they are taking medication)
  - **Medication Form:** Including medications for Athletic Trainer to Administer
  - **Self Administer Medication Form:** Including daily medications & OTC permission
  - **Travel Questionnaire:** Including Driving, Train, Bus, Flying details
  - **Camper Questionnaire:** Including information about camper
  - **Behavior Contract**

Please feel free to contact us or refer to the National Ultimate Training Camp website at [www.nutc.net](http://www.nutc.net) or [www.lsse.org](http://www.lsse.org) (forms will be online at LSSE site) if you have further questions.

*We look forward to seeing you this summer!*

Tiina Booth  
NUTC Director  
[tiinabooth@gmail.com](mailto:tiinabooth@gmail.com)

Allison Steele  
NUTC Coordinator  
[steelea@amherstma.gov](mailto:steelea@amherstma.gov)

Chris Johnson  
Sports and Rec Director  
[johnsonc@amherstma.gov](mailto:johnsonc@amherstma.gov)



# CAMPER INFORMATION FORM



\*\*\* This form must be completed and returned by the first day of the program.  
Campers will not be allowed to participate without completed forms\*\*\*

## Camper Information

Name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade: \_\_\_

Height \_\_\_ Weight \_\_\_ Hair \_\_\_ Eye \_\_\_

Full Address: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Emergency Contact Information

*Please list people who may be contacted to pick up your child if the primary guardian cannot be reached in case of an emergency. Emergency contacts will be required to sign out your child and to show I.D. at the time of pick up. \*People not listed here will not be allowed to sign out children.\**

1. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Photo Policy

LSSE will have a photographer take pictures of our programs for use in our program guide, website, media, and other promotional use. If you **DO NOT** wish to have your picture used by LSSE, please contact our office at (413) 259-3065 before the end of the program.

## Travel Information (must check)

Please specify how your child will be traveling. Specific information will be needed on the Travel Form.

- Driving (either driving themselves or with parent)
- Bus
- Train
- Plane

## Camp Information (Must check one)

- Day Camp
- Overnight Camp

## First Aid

Inclusive of the dates \_\_\_\_\_ through \_\_\_\_\_, while my child \_\_\_\_\_ (child's name) is participating in the LSSE programs, I, \_\_\_\_\_ (parent/guardian), do hereby give the LSSE staff permission to administer minor first aid to my child and/or acquire emergency medical treatment (i.e. ambulance) at their discretion.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

## Health Insurance Information

1) Health Insurance Co: \_\_\_\_\_  
Policy #: \_\_\_\_\_

2) Primary Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## Health Information

*In addition to medical exam and immunization records on file.*

- 1) Child's Current Health: \_\_\_ Good \_\_\_ Fair
- 2) Please explain any health impairments or serious illness which may affect your child's participation in camp activities (i.e. asthma, diabetes, allergies):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Does your child require the administration of medication during the camp day? \_\_\_ Yes\* \_\_\_ No

*\*If Yes, you must fill out the separate Medication Form*

## Permission to Participate

I give permission for my child, \_\_\_\_\_ to participate in all day camp/after school activities, including but not limited to games, sports, hikes, art, cooking, swimming, special events, field trips, and to attend activities and performances off of school grounds. I understand that Amherst Leisure Services and Supplemental Education Department does not provide accident or hospitalization insurance for any program participants. I also understand that all participants are strongly advised to have adequate personal coverage and that participation in all department programs shall be at their own risk. Further, I hereby waive and release any and all rights and claims for lost items or damages against LSSE and the Town of Amherst, its representatives, successors, and assigns for any and all injuries suffered by my child or dependent while engaged in program activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization to Administer Medication

*(Signature necessary for all campers, regardless of whether they require medication. If you choose to have your child self administer, please disregard this page and complete the self-administration page)*

Children who require prescription medication must have the medication under the direct supervision of the on-site health supervisor. Medication will be administered only as directed by a physician. To insure that your child receives the proper dosage we can only administer medication that is kept in the original container bearing the pharmacy label which shows the patient's name, prescription number, date filled, physician's name, name of medication, dosage and directions for use. When medication is no longer required, it will be returned to the parents or destroyed (See #4 below).

### Medication Procedure

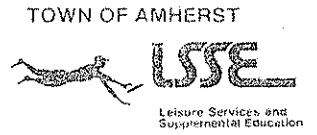
**Please initial, indicating that you have read and understand each of the following items. If you have any questions, wait to initial the item and speak with the camp health supervisor.**

(      ) My child is **not** currently taking any prescription medications. *Please disregard #'s 1-6 and sign bottom of page.*

1. \_\_\_\_\_ All participants needing to take medication while at camp must have the medication delivered to the camp health supervisor in its original container bearing the pharmacy label which shows the patient's name, prescription number, date filled, physician's name, name of medication, dosage and directions for use
2. \_\_\_\_\_ It is the responsibility of the parent/guardian to provide additional information regarding side effects of all medication taken.
3. \_\_\_\_\_ The participant will receive the medication under the supervision of the health supervisor.
4. \_\_\_\_\_ On the last day of the participant's program, the medication will need to be picked up by a parent/guardian. If the child is traveling alone please initial one of the following.
  - a. \_\_\_\_\_ I give permission for any unused medication to be given back to my child.
  - b. \_\_\_\_\_ Please destroy any unused medication at the end of participants stay.
5. \_\_\_\_\_ As camp schedule progresses, it is your responsibility to notify us of any changes that may occur with respect to participant's medication needs.
6. \_\_\_\_\_ It is important to note that even if we do not provide the participant with a medication while at the LSSE program, it is vital for us to know what medication(s) the participant is using, in the event of an emergency where we would need to alert medical professionals on the participant's health issues.

I request that my child \_\_\_\_\_ be administered medication(s) at the LSSE program for which they are registered. I have read the information provided here, and I fully understand all that has been presented.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Medications

Child's full name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

*(If you choose to have your child self administer, please disregard this page and complete the self-administration page)*

The dosage of each medication listed below **MUST** agree with the dosage listed on the pharmacy label. If they do not agree you must provide updated information written and signed by the doctor. If we do not have correct information we cannot administer the medication. Please put any additional medications on other side.

Medication name: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Time(s) of the day med is given at home: \_\_\_\_\_

Note: times may be different while at camp.

Treatment for: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

\* \* \* \* \*

Medication name: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Time(s) of the day med is given at home: \_\_\_\_\_

Note: times may be different while at camp.

Treatment for: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

I request that my child \_\_\_\_\_ be administered the above medication(s) at the National Ultimate Training Camp. I have read the information provided here, and I fully understand all that has been presented.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## Authorization to Self-Administer Medication

(If you choose to have our onsite health person (trainer or nurse) administer medication, please disregard this page and complete the Authorization to Administer Medication pages)

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to self-administer his/her own medication.

Medication Name: \_\_\_\_\_

Treatment for: \_\_\_\_\_

Time of administration: \_\_\_\_\_ Dosage: \_\_\_\_\_

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

Possible Side Effects: \_\_\_\_\_

-----  
Medication Name: \_\_\_\_\_

Treatment for: \_\_\_\_\_

Time of administration: \_\_\_\_\_ Dosage: \_\_\_\_\_

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

Possible Side Effects: \_\_\_\_\_

## For OTC Medications Only

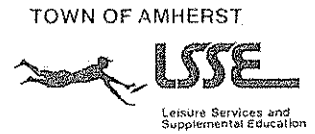
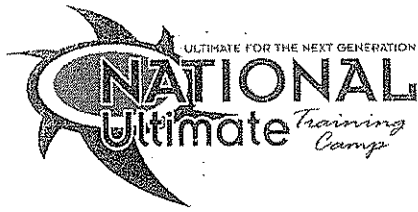
I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to self-administer OTC medications they will be bringing to camp (Tylenol, Advil, Aspirin etc.)

Please sign for either self-administering and/or OTC Medication permission

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_



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Mount Holyoke College  
South Hadley, MA  
**Travel Questionnaire**

This questionnaire is for ALL campers. Please fill out the applicable section.

**ARRIVING BY CAR:**

Name: \_\_\_\_\_ Traveling from: \_\_\_\_\_

Camper E-mail: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Please check box if your child will **not** need transportation from the airport or bus station.



If you would be interested in setting up a car pool please check here



*This gives NUTC permission to pass along your email to anyone who is interested in carpooling*

**ARRIVING BY PLANE:**

*We will be picking up campers (between 10am-2pm) from Bradley International Airport in Hartford, CT and bringing campers directly to the Mount Holyoke College campus. You should schedule your child's departing flight on Thursday for 3:00 pm or later. We will provide a free shuttle that will leave at noon from campus on Thursday. If your flight is earlier than our shuttle, you can call Valley Transporter.*

Name: \_\_\_\_\_ Traveling from: \_\_\_\_\_

Camper Cell phone #: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Please try to wear some Ultimate related clothing so our counselors can spot you easier.

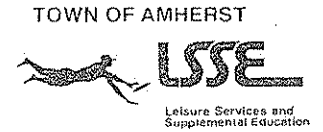
**Arriving: Bradley International Airport or Peter Pan Bus Station-South Hadley, MA (circle)**

1. Name of Airline:
2. Flight/bus number:
3. Which Date will you be arriving:
  - a. Saturday July 1
  - b. Saturday July 8
  - c. Saturday July 15
  - d. Saturday July 22
4. Time that your flight/bus is due in: \_\_\_\_\_ AM/PM

**Departing: Bradley International Airport or Peter Pan Bus Station-South Hadley, MA (circle)**

1. Name of Airline:
2. Flight /bus number:
3. Which date that you will be leaving:
  - a. Thursday July 6
  - b. Thursday July 13
  - c. Thursday July 20
  - d. Thursday July 27
4. Time that your flight/bus is leaving: \_\_\_\_\_ AM/PM

The above information can also be emailed to [steelea@amherstma.gov](mailto:steelea@amherstma.gov)



National Ultimate Training Camp  
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**Camper Questionnaire**

*Please take some time filling out this form. The staff will read these carefully so we know what your expectations and preferences are before you arrive at camp.*

Please write legibly and in pen.

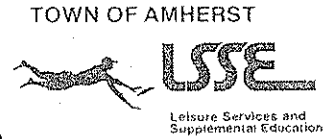
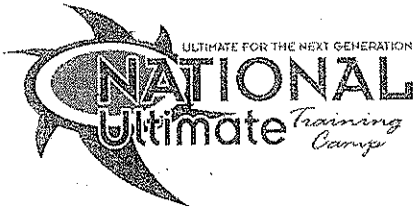
Your Name: \_\_\_\_\_ Nickname/preferred name: \_\_\_\_\_

Hometown: \_\_\_\_\_ Fall '17 Grade: \_\_\_\_\_ Height: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

ARE YOU ATTENDING MORE THAN ONE WEEK? \_\_\_\_\_

Dates/Session(s) you are attending:      **A**                      **B**                      **C**                      **D**  
    July 1-6                      July 8-13                      July 15-20                      July 22-27

1. What school do you attend? Where is it? What teams have you played for? What tournaments have you attended?
  
2. Do you have any food allergies or *current* sports-related injuries that we should know about?
  
3. What do you hope to get out of camp? What do you want to learn? What skills would you like to improve?
  
4. What other interests do you have? Other sports? Hobbies? What types of music/movies do you like?
  
5. Please feel free to make any additional comments on the back of this sheet.



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**Behavior Contract**

Every camper who attends the National Ultimate Training Camp is expected to honor the following rules:

1. No substances that could affect your athletic performance or general health will be tolerated. These substances include cigarettes, cigars, other tobacco products, alcohol and drugs.
2. Sexual activity will not be condoned. Rooms will be separated by gender. Socializing among camp participants will occur in the general meeting room, lounges or hallways.
3. All Campers will respect the curfews that the camp director, dorm director and counselors set. No player may leave his/her room (except in an emergency) after curfew.
4. Rooms and lounges in the dorm must be treated with respect. They should be kept clean and campers should not make any noise that could disturb other occupants. Any expense due to damage, even accidental, will be charged to the player responsible.
5. Players are expected to be respectful and follow the directions of the camp director, dorm director, counselors, other campers, Mount Holyoke College staff and members of LSSE staff.

I have discussed the above with my daughter/son \_\_\_\_\_. While it is highly unlikely to occur, I understand that if my child is judged uncooperative or unmanageable by the camp director, Tiina Booth, I will be called and expected to incur the cost of providing immediate transportation for the return home of my child.

\_\_\_\_\_  
Camper Name (Please Print)

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## NUTC Parent/Guardian FAQ's

### **Where do campers stay and is there overnight staff? Is there a "counselor" on the dorm floor?**

Campers (and counselors) will stay on campus. The counselors stay overnight and they are on every floor. There are only 3 floors and we have 10 or more counselors each session. A trainer is on duty 24/7.

### **What do you do if the weather gets too hot?**

If the weather becomes dangerously hot, we will modify the schedule to keep the campers out of the sun at the hottest time of the day. We will encourage them to go to the indoor pool, take a shower, or rest until the camp director determines camp can resume. **The safety of our campers is our top concern at all times!**

### **I'm curious about the supervision of the kids -- especially when they're not playing Frisbee. Do they room with kids their own age?**

While not playing Frisbee, the campers swim, participate in a talent show, listen to guest speakers, attend Trade Night; the instruction continues during the night. They are kept very busy at all times. They room with kids their own age (or as close as we can get), however there is no requesting roommates - our director likes to have kids make new friends, and they do every summer!

### **What kinds of rules and supervision are there to ensure that under-age kids engage in "age-appropriate" activities?**

Once campers have registered, they must sign a behavior contract. The level of supervision is very tight. The counselors (about a 1:8 ratio) are very alert to what happens in the dorms at all times. We do not allow inappropriate language, poor attitudes, or anything that would detract from a safe and supportive atmosphere. All of our staff understand this and readily and happily reinforce this. The kids are usually too tired to do anything but fall asleep, usually before curfew - around 10pm.

### **What are the qualifications of the staff? Are they college players? Coaches?**

Camp counselors are mature, responsible people selected for their special abilities, qualifications and their desire to work with children in a camp setting. Criminal background checks are conducted on all camp staff. Many of the staff return year after year and serve as ongoing positive role models for your camper. We have some of the top college and club players in the country. We regularly have Callahan winners on staff (a Callahan is awarded to the most valuable college player in the country each year) as well as coaches who have led the US All Star Youth Teams in international competition.

### **Do you group by age/ability? Do you have many older, more experienced players attending?**

This camp is geared towards everyone and we have kids of varying ages (14-18 yrs); no one particular age group is represented. During games we try to match players by their gender, height, age and experience. The level of instruction is very high; each player is challenged equally every day.

### **What is the background of your camp director Tiina Booth?**

Tiina has taught English for over 20 years and has coached ultimate for over 25 years. She is a no-nonsense teacher and coach who values the safety of her players and campers above all else. Tiina has won 2 golds and 1 bronze as coach of the US All Star Youth Teams in international competition. She is the co-author of "*Essential Ultimate*" and has been inducted into the Ultimate Hall of Fame this past year. In addition, she is the current UMass Men's Ultimate Coach. She helped the team improve to a 1<sup>st</sup> in the nation in the 2016 regular season and they are looking to maintain that this year.

### **Should my child bring money to camp?**

We do have a trade night if your child is interested in purchasing anything. They should bring between \$75-\$100.

### **Can my child bring snacks to camp?**

Yes, please do. There is no vending machine at camp. Campers can also bring tupperware containers to bring food out of the dining hall if they wish.

**Is there a key deposit? How much? Can the deposit be in cash?**

Yes, there is a \$50 key deposit (**NO CASH WILL BE ACCEPTED**) that will be *accepted at check in* and returned when we receive the key at the end of your child's session. Please make the check out to Town of Amherst and put your child's name in the memo section. Please **do not** include key deposit with packet mailed back prior to camp.

**Can a camper choose their own roommate?**

No, campers are put together by age (or as close as we can). We also try to put kids together from different parts of the country. We really want the campers to meet other people and move outside their "comfort zones." They will have plenty of time to hang out with their friends from home at meals, during recreational hour, and during most evening activities.

**If I wanted to send a package/letter to my child at camp, what is the address?**

Packages and Letters can be mailed to:

ATTN: NUTC -- "name of camper"

Amherst Leisure Services  
170 Chestnut Street, Suite 1  
Amherst, MA 01002

**Is there a phone at camp?**

There is not a useable landline at the dorms. If you need to get in touch with your child and cannot reach them directly on their personal cell phone, please call Tiina Booth, Camp Director, at 413-687-3903.

**My child is registered for more than one session of camp. Do you have any suggestions for lodging between the sessions? Is there anything available at the school or should we be looking for local motel accommodations.**

There are no accommodations on campus between sessions. For information about area hotels etc. please contact Alli Steele, our NUTC coordinator.

**What is your cancellation policy?**

The request must be in writing, (can be emailed to [lisse@amherstma.gov](mailto:lisse@amherstma.gov)). The request must be received at least 5 business days in advance of the start of the program. Refunds are subject to a \$50 processing fee.

**Why do you ask for parent/guardian & camper emails in this packet?**

We ask for two email addresses in the event we have some news to share with parents during your child's stay at camp.

**Parental FYI-**

There will be video and pictures taken every day at camp that will then go onto a website. If you do **NOT** want your child included in this please email me at [steelea@amherstma.gov](mailto:steelea@amherstma.gov) and we will try our best to accommodate.



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**LIST OF ITEMS TO BRING**

<p><b>CLOTHING</b></p> <ul style="list-style-type: none"> <li>◆ Bathing suit and towel</li> <li>◆ Dark &amp; white shirts for practice</li> <li>◆ <b>**Plenty of Socks**</b></li> <li>◆ Regular clothes/sneakers/shoes</li> <li>◆ <b>**Sandals for shower**</b>/PJ's</li> <li>◆ Rain gear</li> <li>◆ Hat to keep sun/rain off you</li> <li>◆ Underwear</li> </ul>	<p><b>VERY IMPORTANT ITEMS</b></p> <ul style="list-style-type: none"> <li>◆ <b>\$50.00 Deposit for room key*</b></li> <li>◆ Important phone numbers/addresses</li> <li>◆ Cell phone</li> <li>◆ Extra spending money*</li> <li>◆ Water bottle...essential. Make sure you drink plenty of water on the days before you arrive.</li> <li>◆ <b>Small fan (dorms are not air-conditioned)</b></li> <li>◆ Snacks</li> </ul>
<p><b>MISCELLANEOUS ITEMS</b></p> <ul style="list-style-type: none"> <li>◆ Camera</li> <li>◆ Snacks/drinks</li> <li>◆ Books/magazines</li> <li>◆ Random games/cards</li> <li>◆ Music/ipod</li> <li>◆ Waterproof bag for dirty laundry</li> <li>◆ Sunglasses/glasses/contacts</li> </ul>	<p><b>TOILETRIES</b></p> <ul style="list-style-type: none"> <li>◆ Allergy medicine/inhaler</li> <li>◆ Medications</li> <li>◆ Lip balm/sunscreen</li> <li>◆ Toothbrush/paste</li> <li>◆ Towels</li> <li>◆ Personal care items (soap, shampoo)</li> </ul>
<p><b>SLEEPING NECESSITIES</b></p> <ul style="list-style-type: none"> <li>◆ <b>**Pillow**</b> and pillow case</li> <li>◆ Sheets/blanket (LONG SINGLE SHEETS)</li> <li>◆ <b>Small fan (dorms are not air-conditioned)</b></li> </ul>	<p><b>EQUIPMENT</b></p> <ul style="list-style-type: none"> <li>◆ Cleats</li> <li>◆ Disc (preferably an Ultrastar)</li> <li>◆ Discs/Ultimate shirts/gear to trade</li> <li>◆ Ankle Brace/Wrap, if needed</li> <li>◆ <b>Golf Discs (if you have them)</b></li> </ul>

**\*\* VERY IMPORTANT \*\***

**\*\$50.00 deposit for room key should be a check made out to Town of Amherst and camper's name should be in the memo section.**

**Cash will NOT be accepted.**

Please do not include key deposit with packet of information mailed prior to your child's camp session.

**\*Extra Spending Money-There is an ATM on campus, however, you should plan to bring anywhere from \$75-\$100.**

Don't forget to return the following prior to your child's camp session:

- Completed Camper Information Form
- Completed Medication Form, *if applicable*
- Permission to Self Administer Medication, *if applicable*
- Completed Travel Questionnaire
- Completed Camper Questionnaire
- Completed NUTC Behavior Contract
- Please double check all required *signatures!*