Greek Advance is the University of Florida’s annual leadership retreat for presidents and council exec board members. The curriculum for Greek Advance is derived from values of the Florida Greek community—scholarship, service, leadership, community—and is designed to provide you with one and a half days of learning and self-discovery that will build your leadership abilities that will better serve you as a Greek leader. As a result of participating in Greek Advance, you should be able to promote positive change within your chapter, council, and the Florida Greek community.

It is important for you to recognize that Greek Advance is a leadership retreat and not a conference. As such, Greek Advance provides a unified curriculum where each exercise or activity can build on the previous activity and prepare you for the next one. To assist you in this endeavor, you will be assigned to a cluster or small group during the retreat. Cluster meetings are designed to allow you the opportunity to have discussion, gain new ideas from fellow members of the Florida Greek community, time to address individual concerns, as well as create an action plan for your return to campus. Each cluster will be assigned a cluster facilitator, a current fellow Greek, who has served as either a President or council officer during their tenure at UF. Please note that the cluster facilitator is not your parent, but a liaison.

Enclosed in this packet are the following:

1) Schedule at a Glance & Things to Bring
2) Basic FAQ’s
3) Fee Waiver Scholarship (Due Friday, November 19, 2010 at 5 p.m. to be considered)
4) Registration Form (Due Monday, November 29, 2010 at 5 p.m. with Fee of $125)
5) Liability Waiver Form (Due Monday, November 29, 2010 with Registration Form)
### 2011 Greek Advance Schedule at a Glance

#### Monday, January 3, 2011

8:00 a.m. – Check-In (Commuter Lot on Gale Lemerand Dr., across from Water Treatment Plant)  
**DO NOT BE LATE!!!**
8:15 a.m. – Load Buses (Please bring your own snacks for breakfast)
10:00 a.m. – Arrive to Camp Weed/Check-in
10:00 a.m. – 11:00 p.m. – Greek Advance Programming- *lunch and dinner provided*

#### Tuesday, January 4, 2011

8:00 a.m. – Breakfast
9:00 a.m. – 6:00 p.m. – Greek Advance Programming- *lunch provided*
7:30 p.m. – Arrive back at UF (Commuter Lot)

### 11 THINGS TO BRING TO GREEK ADVANCE 2011

1. Warm comfortable clothes
2. Jerseys/embroidered t-shirt w/ letters (paraphernalia) for group photo  
   *Council polos/shirts are also acceptable for Council Officers.*
3. Comfortable shoes (Sneakers AND Shower Shoes, please no flip flops)
4. Bed Linens (Pillow, Blanket, Sleeping Bag)
5. Games (cards, Frisbee, football, etc.)
6. Jacket
7. Bug spray
8. Toiletries (soap, toothbrush, etc.)
9. Alarm clock
10. An open mind
11. Positive Attitude

**Greek Advance leadership retreat is a completely substance-free experience. We want Greek leaders to meet and develop friendships in a respectful, genuine environment. Any participants found to be using alcohol or other drugs during the retreat will be held accountable through the University of Florida.**

**NOTE:** Please note that Camp Weed is a Ministry of the Episcopal Diocese of Florida. As such, alcohol, tobacco, and profanity are not allowed on the premises. Please respect Camp Weed by adhering to these guidelines.
2011 Greek Advance FAQ’s

How do we get to Greek Advance?
Sorority & Fraternity Affairs (SFA) has arranged for buses to take participants to and from Camp Weed, located near Live Oak, FL, a little over an hour north of Gainesville. SFA staff will be present to check people in at the Commuter Lot on Gale Lemerand Dr. No one is permitted to drive to the camp.

Where can we leave our cars?
The Commuter Lot is available. Parking is lifted during Greek Advance. You may also wish to carpool or arrange to be dropped off and picked up.

What if I can't attend?
Because the information that is disseminated at Greek Advance is critical to the success of the chapter, all chapters are required to have representation. Because of the team building and learning that will occur, it is imperative that the chapter presidents and council executive members attend. However, in the event that the chapter president cannot attend, s/he needs to contact Carey J. Mays as soon as possible. Sorority and Fraternity affairs will work with the chapter to make sure that they have representation. In the event that the chapter president is also a member of the council executive board, the chapter will need to send the next highest officer to represent the chapter.

Where will I be staying and with whom?
Every participant has been assigned to a camper cabin with several roommates. Roommates were assigned on a number of factors including: council affiliation and the proximity between housed chapters. You will be housed with chapters from your council and at least one other council. It is important for participants to remember that this is a retreat. As such, your lodging accommodations will be considered modest at best. For your convenience, all cabins are heated and air-conditioned and have dormitory style bath facilities with private shower stalls.

What do I need to bring?
Please see the 11 Things to Bring to Greek Advance above.

What should I do if I have dietary needs/restrictions?
Please contact Carey J. Mays (Careym@union.ufl.edu) ASAP so that we might accommodate your request.

Who do I contact if I have additional questions or concerns?
Please contact Carey J. Mays (Careym@union.ufl.edu).
2011 Greek Advance Registration Form

Form Due: Monday, November 29 at 5:00 p.m. in Reitz Union 310 (with fees)
Registration Fees: $125, Make check payable to specific council

Personal Information:
Name: ___________________________ UF ID Number: ___________________________
Organization: ___________________________ Position: ___________________________
Date of Birth: __________________________ E-mail Address: ___________________________
Local Street Address: ___________________________ Zip: ___________________________
Local Phone: ___________________________ Cell Phone: ___________________________
Long Sleeve T-shirt Size (circle one): S  M  L  XL  XXL

Emergency Contact:
Name: ___________________________ Relationship: ___________________________
Home Address: ___________________________
City: ___________________________ State: ___________________________ Zip: ___________________________
Daytime Phone: ___________________________ Evening Phone: ___________________________

Medical Information:
Please list any medications you currently are taking or any medical conditions you would like for the Sorority and Fraternity Affairs staff to know:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Food Preferences/Needs:
Check any and all that apply:
□ I am a vegetarian
□ I have food allergies. PLEASE LIST ANY/ALL FOOD ALLERGIES:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
□ I will need other food accommodations. Please be specific:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Revised October 18, 2010
2011 Greek Advance Assumption of Risk/Liability Form

I, ________________________, understand and agree that being a member of the Florida Greek community and participating in Greek Advance events and activities sponsored by Sorority and Fraternity Affairs involve certain risks and that regardless of the precautions taken Sorority and Fraternity Affairs staff, some injuries may occur.

Specific risks and hazards involved in the Greek Advance 2011 experience may include, but are not limited to the following:

1. Travel to and from events.
2. Activities involving moderate physical exertion.
3. Interaction with other event participants.

Activities at Greek Advance may include but are not limited to: ropes course, light hiking, building campfire, voluntary sports such as football, four-square, Frisbee throwing, volleyball, etc.

Knowing this information, in consideration of my participation as a member of the Florida Greek community, I expressly and knowingly release Sorority and Fraternity Affairs, its representatives, advisors, and agents; the University of Florida, the State of Florida, its officers, and employees, from any and all claims and causes of action for property damage, personal injury, or death sustained by me arising out of any travel or activity conducted by or under the auspices of the Sorority and Fraternity Affairs staff, caused by risks associated with this activity, and/or negligence of the sponsoring group.

In addition, I understand and agree that the members of Sorority and Fraternity Affairs staff cannot be expected to control all of the risks articulated in this form, but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation at Greek Advance, with the understanding that the cost of any such treatment will be my responsibility. Neither the University nor Sorority and Fraternity Affairs staff carries medical nor accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio.

Finally, I voluntarily and knowingly agree to protect, hold harmless, and indemnify Sorority and Fraternity Affairs staff, its representatives, advisors and agents; the University of Florida, the State of Florida, its officers and employees against all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorney’s fees arising out of my participation in Greek Advance.

I have read the agreement and have willingly signed for the consideration expressed and with a full understanding of its purpose. Participant represents that he/she is eighteen (18) years of age or older and is otherwise competent to execute this agreement, or that his/her legal guardian is also signing.

Print Name: ________________________ Signature: __________________________ Date: _____________

Guardian Name: ___________________ Signature: __________________________ Date: _____________
(If under the age of 18)

Form due by Monday, November 29, 2010 at 5:00 p.m. to Sorority and Fraternity Affairs, Reitz Union 310.
Greek Advance Fee Waiver Application

To request a fee waiver, please submit this form, to Sorority and Fraternity Affairs, no later than Friday, November 19, 2010 at 3:00pm. Although not necessary, you are welcome to submit additional information that will support your organization's cause. Decisions will be sent via email by Tuesday, November 23, 2010 at 3:00pm. Organizations that request a fee waiver, and fail to complete this application will be denied.

Chapter Information

Organization: ________________________________

Chapter President: ____________________________  President Email: ______________________

Chapter Advisor: ____________________________  Advisor Email: ________________________

Chapter Finances

The chapter is requesting the waiver for Greek Advance registration because (please check one):

☐ The chapter is UNABLE to pay ANY of the $125 Greek Advance registration fee

☐ The chapter is UNABLE to pay a PORTION of the $125 Greek Advance registration fee

Amount the chapter would be able to pay: $ _______

Please describe the chapter's current financial situation (e.g. why your chapter should be eligible for up to $125 waiver). Please be as detailed as possible to show the financial need and fiscal responsibility of the chapter. PLEASE FEEL TO USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY.

_________________________       ____________________________ ____       ______________

Chapter President (print)  Chapter President (signature)   Date

_________________________       ____________________________ ____       ______________

Chapter Advisor (print)  Chapter Advisor (signature)    Date

I attest that the above information is accurate and correct to the best of our knowledge.

_________________________       ____________________________ ____       ______________

Chapter President (print)  Chapter President (signature)   Date