

STUDENT PLACEMENT INFORMATION

**Brock University – Department of Recreation and Leisure Studies
RECL/TOUR 3P95: Leisure Services Field Work Placement**

Name of Contact Person: _____

Title: _____

Organization: _____

Street: _____ **City:** _____

Postal Code _____ **Phone:** _____

Fax: _____ **E-mail:** _____
(Please PRINT)

Please indicate if you would prefer information/correspondence via e-mail. YES NO

Please describe the placement(s) available at your organization using this form.

- Number of student placements
RECL/TOUR 3P95 (100 hours) _____
- Months during which placement(s) may be completed (if flexible, please note):

- Days of the Week and Times (if flexible, please note):

- Please describe the student’s main responsibilities. Use a separate sheet if necessary.

- Please describe the projects you have in mind for the student(s). Use a separate sheet if necessary.

**PLEASE RETURN THIS FORM BY MAIL OR FAX
by Monday, August 9, 2004 to:**

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Brock University
St. Catharines, Ontario, CANADA, L2S 3A1
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