

VACAMAS CONFERENCE CENTER



256 Macopin Rd.
West Milford, NJ 07480
973.838.2568
conference@vacamas.org

**Making Memories
Changing Lives**

A Guide to Bringing Your Group to Vacamas



Welcome to Camp Vacamas!

Thank you for booking with the Vacamas Conference Center. This document is used as a guide for your group to have all the information necessary for a trip to Camp Vacamas.

As you may already know Camp Vacamas was established in 1924 in the New York and New Jersey area and has continued to be a positive influence on the community. In the summer we camp nearly 1,200 children from the all over the tri-state area for three 19 day sessions.

Our conference center is open for schools, non-profits, and businesses to rent year round. We can provide housing, meals, and our schedule can be adapted to your needs as well as a staff member to look over you. We can offer activities such as: challenge course, team building, multicultural programs, conflict resolution, and any other activity that would be of interest to you. Some groups plan their own schedule, while others benefit from our total program including night hikes, swimming in our lake, campfires, canoeing, woodshop, farm, nature, sports, and arts and crafts.

We are available at your convenience to meet and discuss program options that will best suit your group. If you would like more information feel free to contact me. We look forward to having you stay with us!

Sincerely,

Conference Center Director

conference@vacamas.org

Cell: 973.725.2082

Fax: 973.838.7534

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Steps to bringing your group to Camp Vacamas

Vacamas Programs for Youth
256 Macopin Rd.
West Milford, NJ 07480
Phone: 973.838.2568 or 973.725.2082
Fax: 973.838.7534
conference@vacamas.org

Step 1

Call our Conference Center at 973.838.2568 or 973.725.2082 or email us at conference@vacamas.org. We will explain the different accommodations, programs, and services offered by Camp Vacamas. Please have available: **Potential dates, Group Size, and contact information**. If your funding comes from a Board of Education, modified steps can be taken to accommodate your school.

Step 2

Our Conference Center Director will e-mail your group leader the following information: A breakdown of cost for your trip, contract, and leader's guide for coming to Vacamas.

Step 3

Send a **deposit of \$250 per facility** to secure the dates for your group. This is also a security deposit and will be **returned to your group** the day your group departs Vacamas. Checks may be sent to the address above or those wishing to pay by credit card should contact our accounting department at: 973.838.4273

Step 4

The following items must be returned:

- Signed copies of the contract
- Guest Information Form (*located in the Leader's Guide*)
- A Certificate of Insurance from your insurance provider
- USDA "Food Forms" for all participants under age 18
- First Aid/CPR Qualifications (*unless using Vacamas Health Services*)
- "High Ropes" Challenge Course Waiver (*if participating on course*)
- Draft or Final Copy of your Group's Schedule of Activities

This paperwork can be emailed, mailed to the above address or faxed to 973.838.7534

Step 5

A check or credit card payment of the total amount listed on the contract must be made **10 days prior to your arrival** to Vacamas. Checks may be sent to the address above or those wishing to pay by credit card shall contact our accounting department at: 973.838.4273

Certificate of Insurance Sample

Below is a sample Certificate of Liability Insurance. This certificate is easily obtained by calling your insurance company. The certificate must be valid for the dates you are attending Vacamas. The follow information should be included:

In the 'Certificate Holder' Section the following should be listed:

Vacamas Programs for Youth
256 Macopin Rd.
West Milford, NJ 07480

ACORD CERTIFICATE OF LIABILITY INSURANCE		POLICY ID. NO. 1000000000	DATE (MM/DD/YYYY) 03/29/07		
PRODUCER Sobel Affiliates, Inc. 595 Stewart Avenue Garden City NY 11530-4735 Phone: 516-745-0000		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED Name of Outside Group ***** ***** NY *****		INSURERS AFFORDING COVERAGE INSURER A: Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 		
COVERAGES					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
POLICY NO. / LTR. (INSR.)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		05/16/06	05/16/07	EACH OCCURRENCE DAMAGE TO THIRD PARTIES (EA OCCUR) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: AGG \$
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ROSCOUTE OFFICERS/SHOWN EXCLUDED? If Yes, describe in the SPECIAL PROVISIONS below				<input type="checkbox"/> W-STATS <input type="checkbox"/> UN-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS The certificate holder is included as additional insured in regards to insureds operations.					
CERTIFICATE HOLDER Camp Vacamas 256 Macopin Road West Milford NJ 07480			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Miranda Johnson</i> EVP		

Feel free to contact our Conference Center Director with any questions you may have regarding the Certificate of Insurance.

No Insurance? If your group does not carry insurance it is possible to obtain a binder through Camp Vacamas' policy. The minimum charge for this is \$250.00. For more information contact our Conference Center Director.

Directions to our Facilities



Camp Vacamas

256 Macopin Road

West Milford, NJ 07480

Phone: 973.838.0942

Toll Free: (877) 428-8222 ext 0942

To Reach Camp Vacamas by Car

From the George Washington Bridge: Take Interstate Highway 80 West (express or local) for 18 miles to exit 53, Route 23 north. Follow instructions below marked ●

From the Lincoln Tunnel: Follow Route 3 West, then follow Route 46 West. Follow Route 46 West until you reach Route 23 North, Butler. Follow instructions below marked ●

From Westchester: New York State Thruway 287/87 to NJ to exit 15 route 287 south, travel 287 South for 14 miles to exit 53 for Bloomingdale; follow directions marked ◆

From Pennsylvania (or South Jersey): Take the Pennsylvania Turnpike to the New Jersey Turnpike to exit 11 (Garden State Parkway); take Garden State Parkway to exit 145 (I-280 The Oranges /Newark/ Harrison); take ramp to I-280W; continue on I-280W (12 mi) take exit 43B to I-287N (Mahwah); continue on I-287N (12 mi); take exit 53 (Bloomingdale/Pompton Lakes) follow directions marked ◆

From North West New Jersey: Route 80 East to Sparta/Dover exit 34. Take route 15 north towards Sparta to Berkshire Valley Road, which becomes Oak Ridge Road. Follow this to the end, turn right at traffic lights onto Route 23 South for 2.4 miles to the Echo Lake Road exit. Cross both sides of highway and take Echo Lake Road to the end, make right onto Macopin Road. Travel 3.4 miles to camp main entrance on the left.

● Take route 23 North (toward Butler) and travel 6.9 miles. Exit off Route 23 at sign for Route 511 and sign for Newark/Pompton Turnpike Boulevard West Parkway by BP gas station; do not go left for U-turn, keep to the right and follow directions marked ◆

◆ At the end turn left at the lights onto Patterson/Hamburg turnpike, and travel 2.7 miles through the town of Bloomingdale, keeping right at the right hand bend by Rite Aid and Post Office, and keeping left 0.1 mile later (do not follow sign for West Milford/Glenwild ave). After 2.8 miles Walker's Deli is on your left then turn next right on to Macopin Road. Travel 1 mile up Macopin Road until you reach main entrance to camp on right.

To Reach Camp Vacamas by Bus

From Port Authority in New York City (41st Street & 8th Avenue)

1. Take New Jersey Transit Bus #194 (ask ticket agent for Gate #)
2. Get off at Butler/Meadtown Shopping Center. Wait by Burger King.

To be picked up in Butler/Meadtown: Please call camp before you leave the Port Authority at: 973-725-2082 (Conference Center) or, 973-725-3749 (Executive Director) or, 973-725-3750 (Associate Executive Director) to inform the staff what time you will arrive. If no one is at the bus stop in Meadtown/Burger King please call the camp from the phone on the side of Stop & Shop behind the Burger King at: 973-838-1394 or 973-838-0942 (Office) or 973-725-1526 (Camp Director.) A driver will be dispatched as soon as possible. You are only 2 miles from camp and we will be there shortly.

Transportation Information

Below is a list of procedures that should be followed dealing with transporting your group to Camp Vacamas:

- The suggested ratio of adults to children in buses is 1:10
- If your travel journey is more than 1 hour, a permission to travel with parental/guardian signature should be obtained.
- The speed limit on Vacamas is 15 MPH. Make sure to watch out for kids walking on Camp
- Parking Information: Only park in designated parking areas approved by Vacamas Staff.
- No one should ride in the back of a pickup truck, no matter the age of the participant
- Vehicles should be locked and keys out of car for the safety of the kids.

Information for Bus Companies

The directions on the previous page are able to be used for large buses that may be dropping your group off at Vacamas. It is important to realize that some internet mapping services may lead your group on roads that are unsuitable for buses. Buses **will be permitted** to enter the gates at Vacamas, and park as close to the facility your group is staying in as possible.

Bus Companies

Below is a list of bus companies that have provided service to Camp Vacamas in the past:

Charter Buses:

Academy Bus Tours

Hoboken, NJ 07030 Phone:
(201) 420-7000
www.academybus.com

Coach USA

Phone: (800) 877-1888
www.coachusa.com
northeast-charter@coachusa.com

Omega Express

Brooklyn, NY 11215
Phone: (718) 858-8222
www.omegaexpressbus.com

Wagner Tours Inc.

North Haledon, NJ 07508
Phone: (973) 427-4313

School Buses:

Arthur Jordan Buses

Butler, NJ 07405
Phone: (973) 838-5000

First Student Inc

Butler, NJ 07405
(973) 838-1300
www.firststudentinc.com

Jiggetts Transportation

Paterson, NJ 07509
Phone: (973) 345-9500

Villani Bus Co.

Linden, NJ 07036
Phone: (908) 474-8058

Refund Policy / Security Deposit

A Security Deposit of \$250 per facility (*or per day trip, if no facilities are used*) is required in order to reserve the dates for your visit. This deposit is only refundable following the successful completion of your visit and will be returned when confirmed that all paperwork and payment has been received, and all grounds, facilities and equipment have been returned in an acceptable condition. If your group chooses to cancel your booking, the Security Deposit is non-refundable. Full Payment of your balance is due no later than 10 days prior to your arrival date. Groups may choose to cancel at any time. You are eligible for a full refund (*minus Security Deposit*) 60 days prior to your arrival date and a 50% refund 30-60 days prior. No refund provided within 30 days.

Closing and Check-Out Procedures

Prior to your departure from camp, please ensure the following items are completed:

- All used and unused linens and bedding stacked in a central location
- All personal belongings, food, equipment and supplies removed
- All trash from inside buildings and outdoor areas placed into trash cans
- All equipment (sports, electronic, etc) returned to a member of staff
- Tables, chairs and furniture replaced the way in which they were found
- Floors swept, counters, surfaces and tables wiped clean
- Any outstanding payment made OR Invoice Addendum signed and taken for payment processing
- Guest Roster completed and transferred to member of staff
- Final Evaluation completed and transferred to a member of staff

Menu Options

While staying at Vacamas we hope that your group gets exactly what it expects. For this reason, we have listed below meal options for your stay. Feel free to work with your group to find the perfect menu.

Important: If no form is sent back within 7 days of your stay, Vacamas will determine the meals for your group's stay.

Meal & Snack Options

Breakfast	<p>Note: All Breakfasts include Cereal, Milk, Yogurt, Granola, and Juice.</p> <p>B1. Pancakes – Syrup – Sausage – Butter B2. Scrambled Eggs – Hash Browns – Bread B3. Waffles – Syrup – Turkey Bacon – Butter B4. Egg McMuffins – Hash Browns – Bread B5. French Toast – Syrup - Sausage – Butter B6. Cinnamon Buns – Sausage – Fruit B7. Cheese/Vegetable Omelets – Hash Browns – Bread</p>
Lunch	<p>Note: All lunches include water and juice</p> <p>L1. Pizza – Coleslaw – Green Beans – Cake L2. Hoagie Sandwiches – Turkey – Roast Beef – Chips - Apples L3. Hamburgers – Hot Dogs – Macaroni Salad – Pretzels – Brownies L4. Chicken Salad – Tuna Salad – Pita Bread – Soup - Fruit L5. Sloppy Joes – Curly Fries – Mixed Vegetables - Jell-O L6. Chicken Nuggets – Rice – Green Beans - Pudding L7. Grilled Cheese – Soup – Mixed - Vegetables – Brownies</p> <p style="text-align: center;">OR: Try a Vacamas BBQ or Pizza Party!</p>
Dinner	<p>Note: All dinners include salad, dressing, water, juice, and dessert.</p> <p>D1. BBQ Chicken – Garlic Potatoes – Corn on the Cob D2. Spaghetti – Marinara & Meat Sauces – Green Beans – Garlic Bread D3. Grilled Chicken – Baked Potatoes – Vegetables – Homemade Bread D4. London Broil – Mash Potatoes – Corn – Dinner Rolls D5. Roast Turkey – Stuffing – Mashed Potatoes – Vegetables D6. Tacos – Rice – Beans – Tortilla Chips – Salsa D7. Chicken and Eggplant Parmesan – Spaghetti – Italian Bread – Vegetables</p> <p style="text-align: center;">OR: Try a Vacamas BBQ or Pizza Party!</p>
Evening/ Campfire Snacks	<p>S1. Milk & Cookies S2. Mini Pizzas S3. Chicken Wings S4. Mozzarella Sticks S5. Egg Rolls S6. Ice Cream Sundaes S7. S'Mores!* Graham Crackers – Marshmallows – Chocolate S8. Hotdog Roast!* Hotdogs – Buns – Ketchup – Mustard</p> <p>*S'mores and Hotdog Roast are only available during staff-led campfires.</p>
<p>Vacamas BBQ includes: Hot Dogs – Hamburgers – Potato Salad – Macaroni Salad – Chips – Watermelon – Drinks</p> <p>For Lunch or Dinner or Snack try a Pizza Party! Includes: Assorted Delivery Pizza – Chips – Assorted Soda</p>	

Local Services

Did you forget something? Don't worry about it! Below is a list of local stores that will have everything that you may need.

Directions to Stop & Shop Grocery Store

Take a left out of camp on to Macopin Rd. for 1.2 miles
Turn Right onto Paterson Hamburg Turnpike for 0.2 miles
Turn Left onto Decker Rd. for 0.5 miles
Turn Right onto Kiel Ave. <0.1 miles
Turn Right onto NJ-23 N. <0.1 miles

Directions to Staples Copy Center:

Take a left out of camp on to Macopin Rd. for 1.2 miles
Turn Left onto Paterson Hamburg Turnpike for 2.6 miles
Turn right to merge onto I-287 S.
Take exit 52A-B to merge onto RT 23 North toward Butler for 1 mile

Directions to Wal-Mart:

Take a left out of camp on to Macopin Rd. for 1.2 miles
Turn Left onto Paterson Hamburg Turnpike for 2.8 miles
Turn Right at Newark Pompton Turnpike for 1 mile
Turn Right at RT 23 North for 0.2 miles

Delivery Service

Want to order in? These restaurants nearby to Camp Vacamas should be able to help you out!

Anthony Franco's Ristorante & Pizzeria

1516 State Route 23
Butler, NJ 07405
973.492.1700

Ting's Chinese Restaurant

78 Main Street
Bloomingdale, NJ 07403
973.492.1768

Domino's Pizza

1360 State Route 23
Butler, NJ 07405
973.492.9300

Packing List

Below is a suggested list of items participants should bring while attending a retreat at Vacamas. **Reminder:** Bedding is not provided, unless paid for by group in advance.

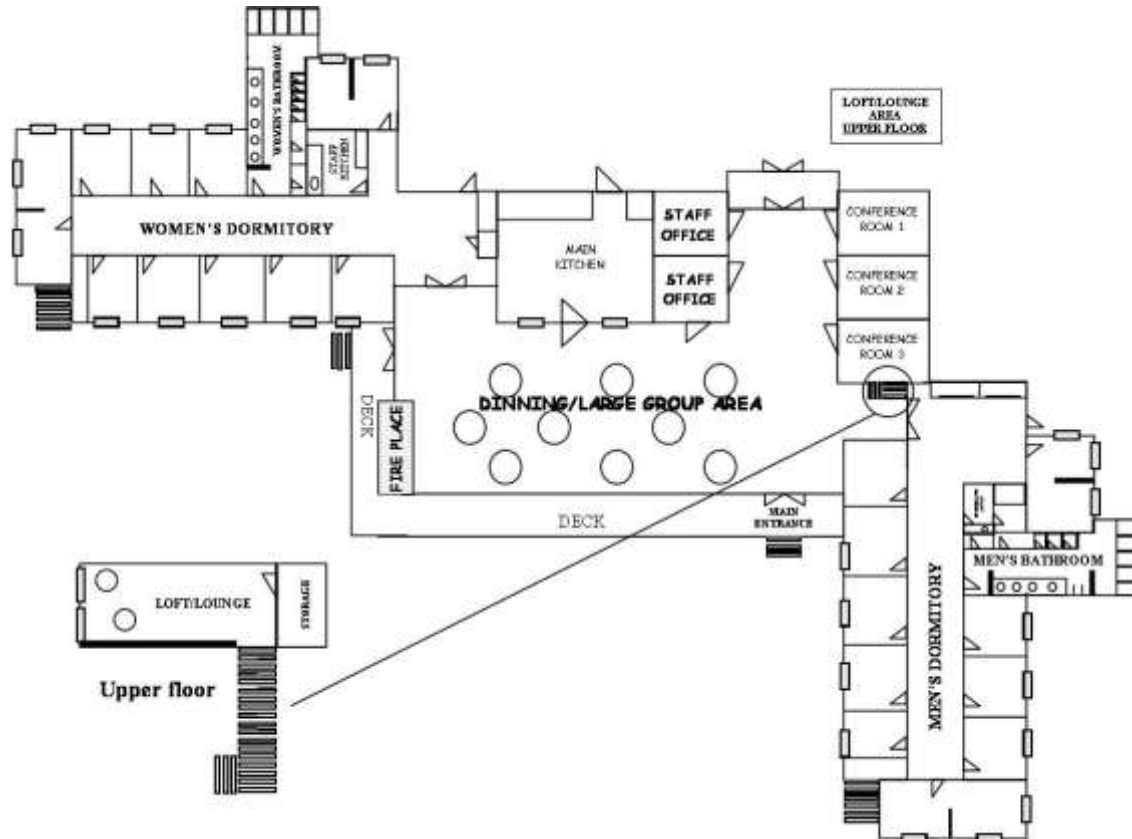
Clothing

Pants
T-Shirts
Shorts
2 long sleeve shirts
1 sweatshirt/sweater
Pajamas
Socks
Underwear
Old sneakers/boots
Raincoat

Odds and Ends

Pillow
Bedding or Sleeping bag (if you have one)
Flashlight
Toothbrush
Toothpaste
Hairbrush
Towel
Shampoo/ Conditioner/ Soap

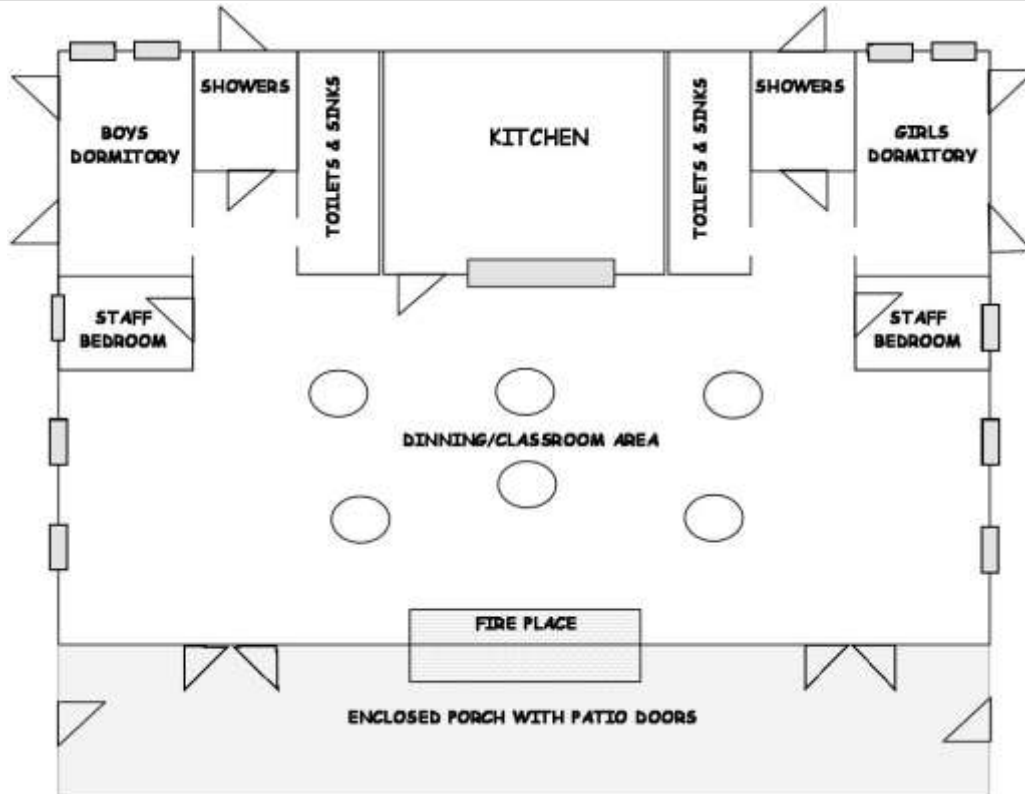
Arlene Labadorf Learning Center Facilities



- 3 Conference Rooms holding up to 25 Persons in each room.
- 2 wings with 9 Participant Rooms in each wing. A total of 36 Participants in each wing.
- 1 Teacher/counselor room in each wing, with 2 beds in each room.
- Shared Bathrooms for each wing, 5 showers in each bathroom
- A Private Kitchen in the female wing and private bathroom in the male wing.
- A large front porch with a picturesque view of our ball field and KaBoom playground
- A spacious meeting and dining room for up to 90 People
- A recreational loft with comfortable couches, a large screen TV, and gaming tables
- Wireless Internet throughout building



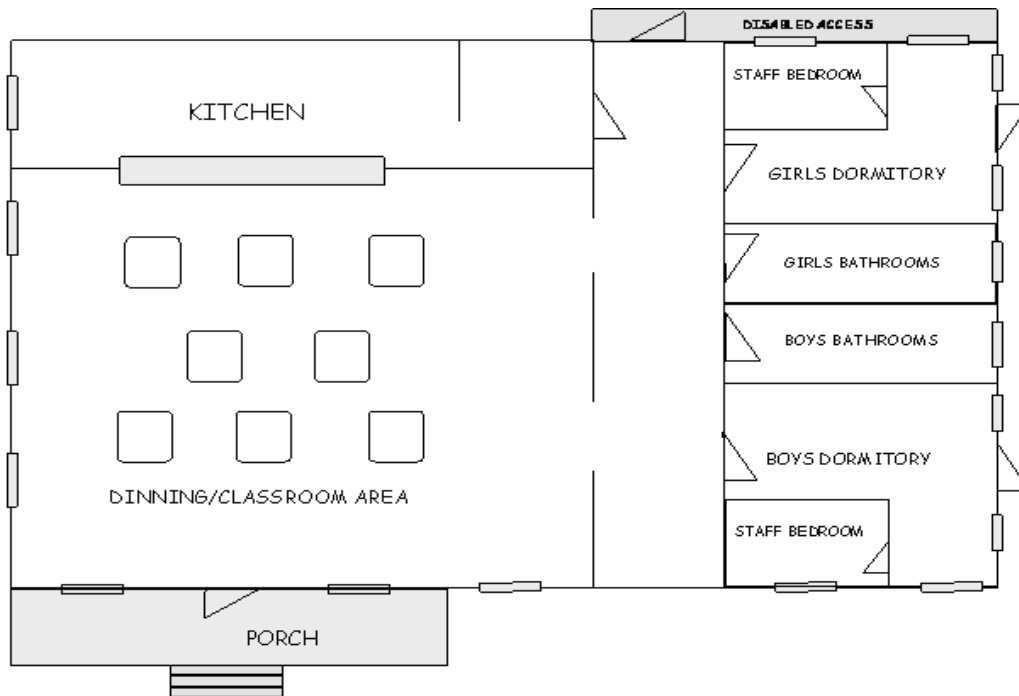
Hayden Lodge Facilities



- Hayden Lodge can accommodate up to 52 people.
- 2 large, separate dormitory style sleeping areas. Each area can house up to 24 people.
- 2 smaller teacher/group leader rooms which sleep up to 2 people in each room.
- Separate bathroom and shower facilities suitable for coed groups.
- A self contained kitchen with appliances to cook for groups of up to 80 people.
- Large meeting room with a large stone fireplace as its focus which is ideal for conferences, teaching, program activities etc and is also used as a dining area.
- Large porch area with patio style doors which can be used for additional meeting/program space or to just enjoy the beautiful Lake view.
- Outdoor fireplace ideal for campfire and outdoor cooking



Leonard Franklin Theatre Complex

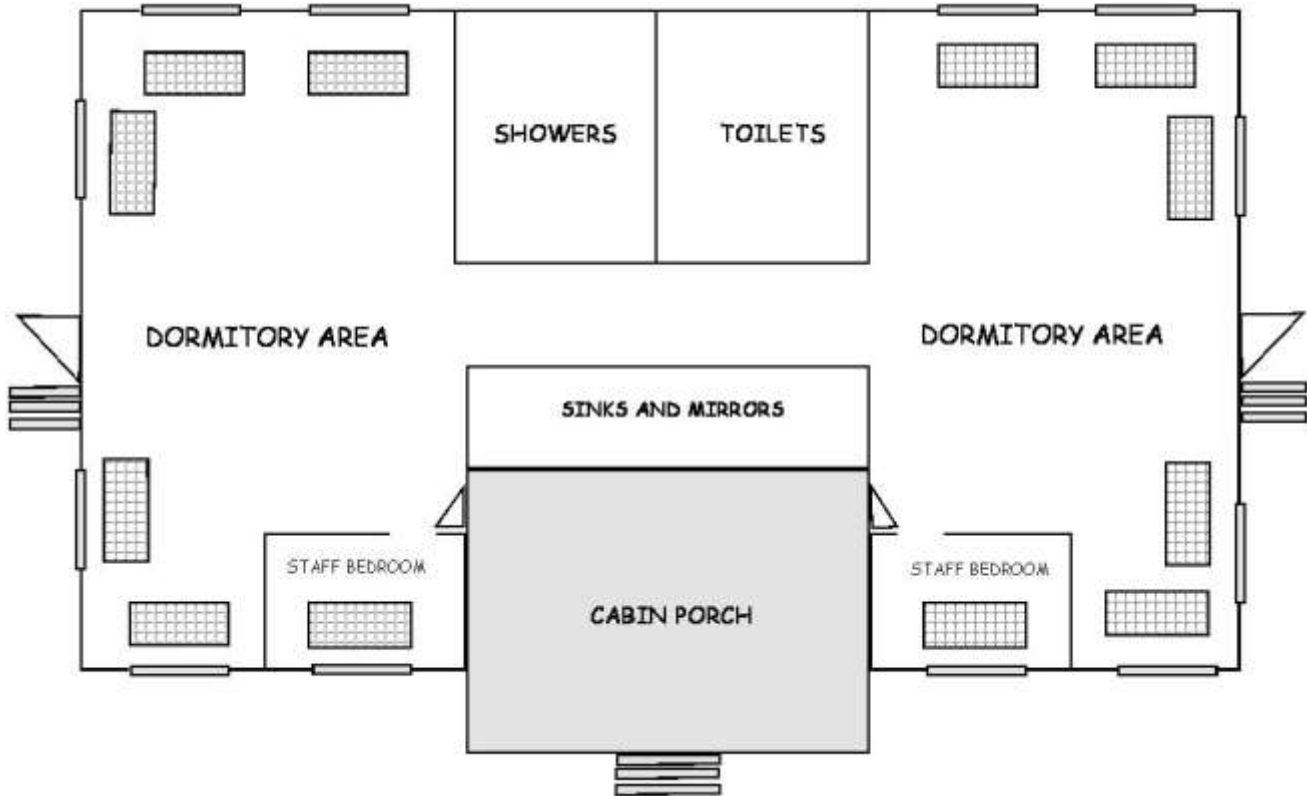


The Leonard Franklin Theatre Complex is situated in the central area of the camp. This building is in use year round and is heated for your comfort. The Theatre Complex sleeps 32 people comfortably and can provide dining for up to 100 people.

- Two dormitory style sleeping areas with inclusive private staff sleeping areas.
- Separate male and female bathrooms and showers.
- Self contained kitchen area with cooking facilities to support larger groups.
- Large meeting area/classroom/program area which also serves as a dining area and can seat 100 people.
- Open porch which is often used for smaller meetings or activities or just to enjoy the fresh air and natural surroundings
- Outdoor fireplace for campfires and outdoor cooking.
- This building includes disabled access, meets all modern fire codes and Health and Safety regulations.



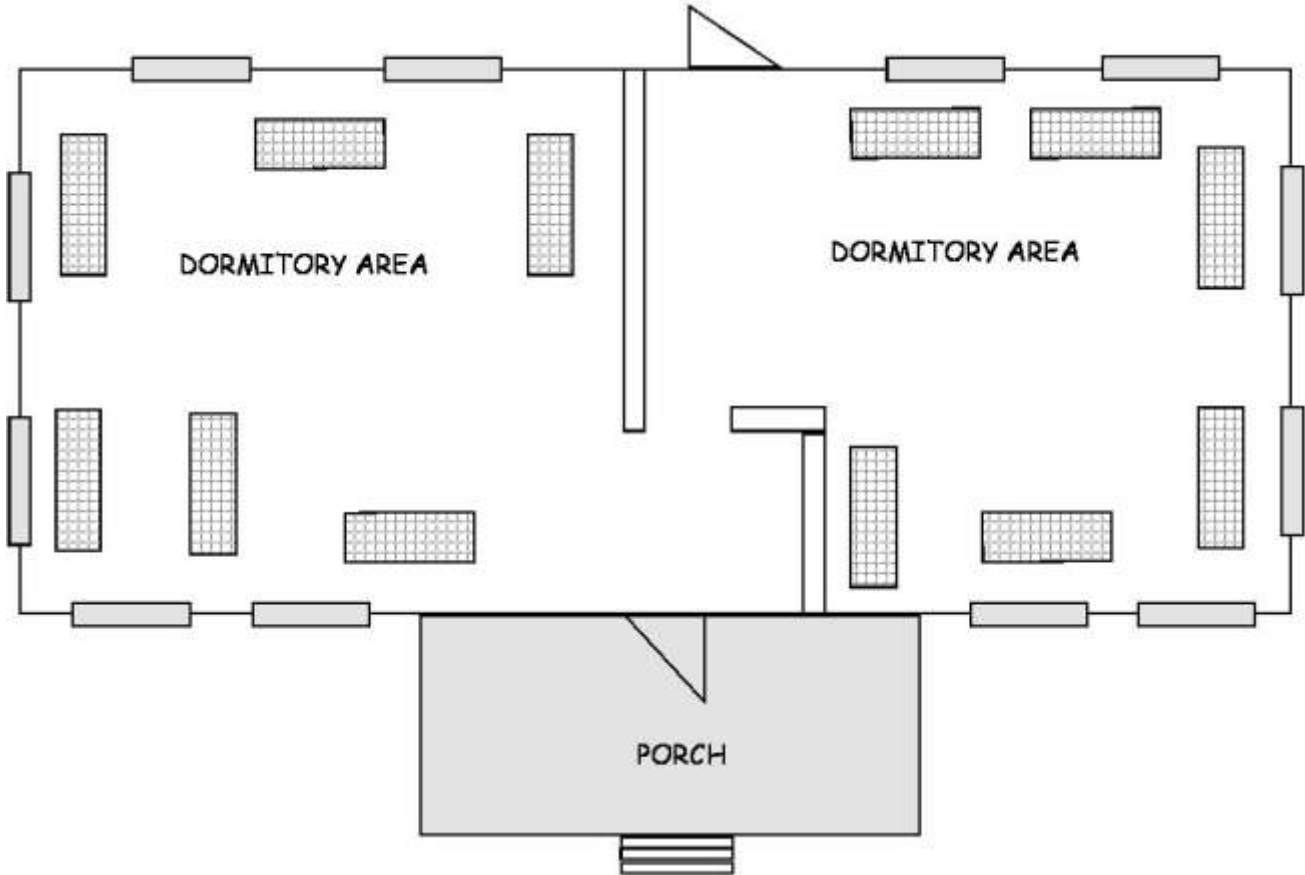
Winterized "Preps" Cabin Facilities



- Two dormitory sleeping areas with traditional style wooden bunk-beds
- 12 people can sleep in each section of the cabin. 24 people in each cabin
- Two adjoining teacher/group leader sleeping areas which can house two adults.
- Bathroom and shower facilities within the cabin.
- Covered porch area
- Each cabin has heating facilities perfect for winter time.
- This building meets all modern fire codes and health and safety regulations.



Three-Season Cabin Facilities



- Dormitory style sleeping areas with traditional style wooden bunk-beds and adequate storage space for 20.
- Centralized male and female bathroom facilities.
- Centralized lodge building, ideal for use in inclement weather and for evening programs.
- Outdoor fire circle for campfires and outdoor cooking.
- Meets fire, health and safety codes.
- These buildings are well maintained and are situated in beautiful natural surroundings.
- These cabins offer the traditional camping experience and are available from late April through October.



Health Services while at Vacamas

As outlined in your contract, during your stay at Camp Vacamas your group is responsible for you own first aid or emergency care unless a Vacamas Nurse or First Aider has been paid for by your group. You may choose to provide your own Health Services, or utilize Vacamas Health Services.

Providing You Own Health Services	Utilizing Camp Vacamas Health Services
<p>Your group will be responsible for the following:</p> <ol style="list-style-type: none"> 1. Providing the name(s) and copies of qualifications of the individual(s) responsible for health services. Individual(s) must be qualified in, at minimum, CPR and First Aide. 2. Providing for each member of your group a health record including: name, address, emergency contact name and number, information on allergies, any health conditions requiring treatment, and any medications taken. 3. Administration of any emergency and non-emergency medical care. 4. Maintaining all prescription and over the counter medications in a secure manner. 5. Organizing emergency transportation, if required. 6. For any Minors (under the age of 18) unaccompanied by a guardian, you must provide a signed "Permission to Treat" in the event of an emergency. 	<p>Your group will be responsible for the following:</p> <ol style="list-style-type: none"> 1. Providing for each member of your group a health record including: name, address, emergency contact name and number, information on allergies, any health conditions requiring treatment, and any medications taken. 2. For any Minors (under the age of 18) unaccompanied by a guardian, you must provide a signed "Permission to Treat" in the event of an emergency. 3. Transferring the above information to the assigned Health Staff Member upon arrival at camp.

Local Health Care Facilities

Health Net / Urgent Care 10 minutes away Riverdale, NJ 07457 973.835.7290	Chilton Memorial Hospital 20 minutes away Pompton Plains, NJ 07444 973.831.8000 - Main line 973.831.5111 - Emergency	Dr. Jaag 5 minutes away Butler, NJ 07405 973.838.0714
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Vacamas Contact Information

While your group is at Camp Vacamas, several questions may come up. Feel free to use the staff assigned to your group for questions about our programs, facilities, and other services offered.

For Group Leaders: Below is the contact information of our conference center director, your group's main contact while here at Vacamas. **Conference Center Director Cell: 973.725.2082**

For Family Members: If you would contact your family staying at Vacamas leave a message by phone or mail, non-urgent messages will be relayed during meal times.

Camp Vacamas / Attn: Family Member's Name / 256 Macopin Rd. / West Milford, NJ 07480 / Phone: 973.838.2568

In case of emergency: Please call the cell phone of our Conference Center Director first. However, if unreachable please contact the following individuals.

Mike Friedman
 Executive Director
 973.838.3023

Sandi Friedman
 Associate Executive Director
 973.725.3750

Elly Connelly
 Camp Vacamas Director
 973.725.1526

Guest Information Form

Please complete this form and email to conference@vacamas.org, fax it to us at: 973.838.7534 or mail it to: Vacamas Conference Center, 256 Macopin Rd., West Milford, NJ 07480

Group Name		Type of Trip	
Sets of Bedding		Age of Participants	
Arrival Date		Arrival Time	
		Departure Date	
		Departure Time	

Hold Harmless Agreement

(Insert Group's Name)

assumes all risks in the activities under this permit and agrees to defend, indemnify, and hold harmless Camp Vacamas Association, INC. and or Vacamas Programs for Youth, their employees, agent and assigns, from any and all claims, law suits, losses, damage or injury to persons or property of whatsoever kind and nature, whether direct or indirect, arising out of the activities under this permit. The PERMITTEE further agrees to defend, at its own cost and expense, any action commenced for the purpose of asserting any claim of whatsoever character arising out of the activities under this permit. The PERMITTEE'S responsibility under this section shall not be limited to his insurance coverage required in this license.

Signature	Name
Title	Date

Menu Selection

Please use the menu options on page 7 to fill out the form below. Please use the code beside each meal to complete the form (i.e. - B1.) **Only the dietary needs section below needs to be filled out for Day trip Groups.**

Meal Choices												
	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6	
	Meal	Time	Meal	Time	Meal	Time	Meal	Time	Meal	Time	Meal	Time
Breakfast												
Lunch												
Dinner												
Snack												

Vegetarians					Kosher	Halal
Pescetarian	Lacto-Ovo	Lacto	Ovo	Vegans		

Allergies and Other Special Dietary Needs

Health Care

A designated person qualified in CPR and First Aid is required to be with every group. If you will be providing your own individual, please submit a copy of their qualifications with this form.

- We would like to use Camp Vacamas Health Service (select one) ___ Nurse ___ EMT ___ First Aider
 We will be using our own qualified person and submitting qualifications attached to this document

Challenge Course Consent Form



Student's Name: _____

School/Group: _____

Date of Birth: _____ Grade: _____

DEAR PARENT/GUARDIAN:

Your Student will be participating in a Challenge Course Day at Camp Vacamas
on: _____ with the Group: _____
(date) *(group name)*

PLEASE READ THE FOLLOWING INFORMATION AND SIGN IN THE AREAS INDICATED BELOW.

THE CHALLENGE COURSE (CC), BY DEFINITION IS A SERIES OF GROUP AND INDIVIDUAL CHALLENGES CONSTRUCTED OF ROPES, CABLES, WOOD, TIRES AND EITHER TELEPHONE POLES OR TREES. IN THEORY THE CC WILL ENCOURAGE THE PARTICIPANT'S SENSE OF PERSONAL CONFIDENCE AND INCREASE MUTUAL SUPPORT WITHIN THE GROUP. OUR STAFF ARE TRAINED AND MUST PASS BOTH WRITTEN AND PRACTICAL EXAMINATIONS PRIOR TO FACILITATING THE COURSE. THERE ARE RULES AND REGULATIONS THAT ARE THOROUGHLY DISCUSSED BEFORE ENTERING THE CC, AND MUST BE ADHERED TO AT ALL TIMES BY PARTICIPANTS. WE ARE REQUIRED TO INFORM YOU ABOUT THE CC AND ASK YOU TO SIGN BELOW GIVING PERMISSION FOR YOUR CAMPER'S PARTICIPATION.

I do hereby permit the student listed below to participate in a challenge course day at Vacamas.

Parent/Guardian Signature: _____

Guardians Name: _____

Relationship to Participant: _____

Phone: (_____) _____



2009-2010 SUMMER FOOD SERVICE PROGRAM

LETTER TO PARENTS

Dear Parent or Guardian:

The Summer Food Service Program, a federal program of the United States Department of Agriculture (U.S.D.A.), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child's physical and educational development.

Eligibility: Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The Income Eligibility Scale for reduced price meals is included in this letter for your information. If your income is less than or equal to these reduced price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

July 1, 2009 to June 30, 2010 FAMILY SIZE/INCOME SCALE FOR FREE MEALS

(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

HOUSEHOLD SIZE	FREE MEALS		
	Annual	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each Additional Family Member	+6,919	+577	+134

A FOSTER CHILD who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of your household income. A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Write "0" if the FOSTER CHILD has no PERSONAL USE INCOME.

Nondiscrimination Statement: The Summer Food Service Program is a federal program of the Food and Nutrition Service, United States Department of Agriculture. It is operated in accordance with U.S.D.A. policy, which does not permit discrimination because of race, color, national origin, disability, age or sex in the meal service, admissions policy, ability to pay or use of the Summer Food Service Program facility. Any person who believes that he or she has been discriminated against in any Director USDA, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). "USDA is an equal opportunity provider and employer."

If you have any questions, please call Michael Friedman at 973-838-3023.

Please help maintain quality nutrition on a regular basis for your child. Thank you for your cooperation.


Signature of Institutional Representative

Michael H. Friedman, Executive Director



2010 SUMMER FOOD SERVICE PROGRAM ELIGIBILITY APPLICATION

Trips:

1 2 3 4

Vacamas Programs for Youth

PROGRAM NAME: _____

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by _____ An application should be returned for each child enrolled regardless of household income. If you need help with this form, please call this telephone number: _____

1 ENROLLMENT INFORMATION

Name of Child: _____ Age: _____
Last Name First Name

2 FOSTER CHILD: Complete this part and sign the application in Part 4. DO NOT complete Part 3A and 3B.

If this is a foster child, check this box . Write the child's monthly personal use income. Write "0" if the child has no income \$ _____

3A HOUSEHOLDS NOW GETTING FOOD STAMPS OR TANF BENEFITS FOR THEIR CHILDREN - Complete this part and sign the application in Part 4 - DO NOT complete Part 3B.

Food Stamp Case Number: _____ TANF Case Number: _____

3B ALL OTHER HOUSEHOLDS - If you did not write a Food Stamp/TANF case number nor checked Foster Child, complete this part and sign the application in Part 4.

NAMES List the Names of Everyone in Your Household	MONTHLY INCOME				
	MONTHLY Gross Earnings from Work (Before Deductions)		MONTHLY Welfare, Child Support, Alimony, Unemployment Benefits	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY Any Other Income
	Job 1.	Job 2.			
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$
8.	\$	\$	\$	\$	\$
9.	\$	\$	\$	\$	\$

4 SIGNATURE AND SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Food Stamp number or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE: _____

SIGNATURE OF ADULT HOUSEHOLD MEMBER

HOME ADDRESS _____

SOCIAL SECURITY NUMBER* _____

TOWN/CITY _____

ZIP CODE _____

PRINTED NAME OF ADULT SIGNING APPLICATION _____

DATE SIGNED _____

HOME TELEPHONE _____

WORK _____

TELEPHONE _____

5 RACE/ETHNIC IDENTITY: You are not required to answer this question.

- WHITE, not of Hispanic Origin BLACK, not of Hispanic Origin HISPANIC
 ASIAN or PACIFIC ISLANDER AMERICAN INDIAN OR ALASKAN NATIVE

PRIVACY ACT STATEMENT: SECTION 9 OF THE NATIONAL SCHOOL LUNCH ACT REQUIRES THAT, UNLESS YOUR CHILD'S FOOD STAMP OR TANF CASE NUMBER IS PROVIDED, YOU MUST INCLUDE THE SOCIAL SECURITY NUMBER OF THE ADULT HOUSEHOLD MEMBER SIGNING THE APPLICATION OR INDICATE THAT THE HOUSEHOLD MEMBER DOES NOT HAVE A SOCIAL SECURITY NUMBER. PROVISION OF A SOCIAL SECURITY NUMBER IS NOT MANDATORY, BUT IF A SOCIAL SECURITY NUMBER IS NOT GIVEN OR AN INDICATION IS NOT MADE THAT THE SIGNER DOES NOT HAVE SUCH A NUMBER, THE APPLICATION CANNOT BE APPROVED. THE SOCIAL SECURITY NUMBER MAY BE USED TO IDENTIFY THE HOUSEHOLD MEMBER IN CARRYING OUT EFFORTS TO VERIFY THE CORRECTNESS OF INFORMATION STATED ON THE APPLICATION. THESE VERIFICATION EFFORTS MAY BE CARRIED OUT THROUGH PROGRAM REVIEWS, AUDITS, AND INVESTIGATIONS AND MAY INCLUDE CONTACTING EMPLOYERS TO DETERMINE INCOME, CONTACTING A FOOD STAMP OR TANF OFFICE TO DETERMINE CURRENT CERTIFICATION FOR RECEIPT OF FOOD STAMPS OR TANF BENEFITS, CONTACTING THE STATE EMPLOYMENT SECURITY OFFICE TO DETERMINE THE AMOUNT OF BENEFITS RECEIVED AND CHECKING THE DOCUMENTATION PRODUCED BY HOUSEHOLD MEMBERS TO PROVE THE AMOUNT OF INCOME RECEIVED. THESE EFFORTS MAY RESULT IN A LOSS OR REDUCTION OF BENEFITS, ADMINISTRATIVE CLAIMS OR LEGAL ACTIONS IF INCORRECT INFORMATION IS REPORTED.

FOR PROGRAM USE ONLY - DO NOT WRITE BELOW THIS LINE

Determination: Eligible _____ Ineligible _____
 Signature of Determining Official: _____

Date _____

TOTAL MONTHLY INCOME \$ _____
 TO FIGURE MONTHLY INCOME: WEEKLY X 4.33
 TWICE A MONTH X 2
 EVERY 2 WEEKS X 2.15

Orientation for Conference Groups



Vacamas Programs for Youth Conference Center Group Orientation

Please review these guidelines with all members of your group. Sign below that they have been received.

1. Groups should use areas of camp for which they are contracted only.
2. Drugs, Alcohol and/or Weapons are not permitted.
3. No smoking in any of the buildings. If you are an adult that smokes you must smoke outside in designated areas out of the view of children. All butts must be taken away with you.
4. Emergency exits in all buildings must not be locked.
5. No one can go near the waterfront without permission and a Camp Vacamas Lifeguard. Swimming and boating are permitted with Vacamas Lifeguards only and must be arranged in advance. Two lifeguards are required for the first 25 participants and 1 guard for every 20 thereafter.
6. Groups are not allowed to use the challenge course without Vacamas Challenge course specialists and this must be arranged in advance.
7. Groups must provide the names and addresses of all participants for insurance purposes.
8. First Aid supplies and equipment will be available for your use during your camp stay. A certified first aider should be provided by the group or can be provided by Vacamas if arranged in advance.
9. Ensure group leader has all emergency numbers.
10. Speed limit is 15 miles per hour on camp.
11. Keys should be removed from vehicles and kept on driver when not in use.
12. Campfires are permitted only under the supervision of Conference Center Director or designee.
13. Strangers are not permitted on camp. If you see someone you do not recognize and are concerned then please contact the Conference Center Director.
14. In the event of Thunder and Lightning, seek shelter immediately until 20 minutes after lightning.
15. In the event of an emergency contact Conference Center Director and emergency services.
16. Conference Groups with participant under the age of 18 are expected to maintain adequate supervision for their group. Campers under 18 are not permitted to walk around the property or take part in activities without supervision. "Adult Leader" means a responsible adult over the age of 18 with experience in supervising young people. The expected adult leader to camper ratios are:
 - 1:5 for campers 4-5 years old,
 - 1:6 for campers 6-8 years old,
 - 1:8 for campers 9-14 years old and
 - 1:10 for campers 15-17 years old.
17. Conference groups are expected to check schedules with Conference Center Director prior to arrival at camp. Activity schedules must be approved by the Vacamas Conference Center Director for insurance purposes.
18. Each group will be given a safety orientation by the Conference Center Director to explain camp rules and emergency procedures upon arrival.
19. Food is only to be kept in the kitchen and only to be consumed in the dining and/or cookout areas. Food should never be kept or consumed in the sleeping areas.
20. No pets are allowed on camp.
21. Camp Vacamas and/or individual Camp Vacamas staff members will not be held responsible for theft or damage to personal items.

Signature of Group Representative _____ Date _____

Signature of Vacamas Representative _____ Date _____

Time / Date Orientation was provided _____

Group Questionnaire

We hope you enjoyed your stay with us! To help us better serve you, please complete this survey and return it to the conference center coordinator at your convenience. Thank you!

Group Name		Dates	
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Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My overall experience here was good, and I would recommend Vacamas to my friends.					
Pre Camp Correspondence					
My paperwork was sent to me in a timely manner.					
The reservation process was simple.					
The Leaders Guide helped my group plan for our trip.					
Facilities					
Our Facilities were clean and comfortable.					
Our Facilities were furnished appropriately.					
Program					
The staff was prompt, reliable, and friendly.					
The program was educationally stimulating for our group members					
Our group members had fun during Vacamas Programming					
Our Conference coordinator was available to solve problems.					
Food and Dining					
The food and dining staff was courteous.					
The food quality was good.					
The meals were presented on time.					
The food prepared was exactly what we expected.					
Goals					
My group achieved our goals of the trip					
Future					
We plan on using Vacamas in the future.					
This will become an annual trip for my group.					
Additional Comments:					