



# Request for Summer Camp/Program Space

June 23, 2012 – August 4, 2012

## 1. Contact Information

Sponsoring Organization/Group \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ Fax \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Non Profit Organization: Yes \_\_\_ No \_\_\_ Have you held an event at Ramapo previously? Yes \_\_\_ No \_\_\_

Program Director (if known) \_\_\_\_\_ Phone \_\_\_\_\_

## 2. Event Information

Program Title \_\_\_\_\_

Description of Program \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ Alternate Dates \_\_\_\_\_

*\*for multi-session camps, please fill out pg. 2 with all arrival and departure dates.*

Day Program \_\_\_ Residential Program \_\_\_ (3 night min) Daily hours of Program \_\_\_\_\_

Are participants paying a registration fee for the program? Yes \_\_\_ No \_\_\_

Is this a multi-week program? Yes \_\_\_ No \_\_\_ Continuous \_\_\_ New session per week \_\_\_

Age range of participants \_\_\_\_\_ Gender of participants: M \_\_\_ F \_\_\_ Co-Ed \_\_\_

Program Type: Academic \_\_\_ Educational \_\_\_ Recreational \_\_\_ Religious \_\_\_ Sport \_\_\_ Other \_\_\_\_\_

# of staff/counselors staying in residence with the participants? \_\_\_\_\_ Age range of Counselors \_\_\_\_\_

Ratio of students/counselor? \_\_\_\_\_

**Single Session Camps/Programs fill out # 3 & 4 (\*\*multi-session camps fill out page 2)**

## 3. Participants/Staff

# participants \_\_\_\_\_ # staff/counselors \_\_\_\_\_

## 4. Meals (if applicable)

1<sup>st</sup> meal on the 1<sup>st</sup> day Breakfast \_\_\_ Lunch \_\_\_ Dinner \_\_\_

Last meal on the last day Breakfast \_\_\_ Lunch \_\_\_ Dinner \_\_\_

Do you anticipate any special dietary needs? Yes \_\_\_ No \_\_\_

Please explain:

\*The dining rooms are only available for meals served by Ramapo Dining Services.  
Alternate arrangements must be made in advance for any meal provided by an external caterer.

**Multi Week Camps/Programs *only***

**5. Participants/Staff #s**

**Week 1:**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ # Residential \_\_\_\_\_ #Day \_\_\_\_\_  
Start time \_\_\_\_\_ End Time \_\_\_\_\_ # staff/counselors \_\_\_\_\_

**Week 2:**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ # Residential \_\_\_\_\_ #Day \_\_\_\_\_  
Start time \_\_\_\_\_ End Time \_\_\_\_\_ # staff/counselors \_\_\_\_\_

**Week 3:**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ # Residential \_\_\_\_\_ #Day \_\_\_\_\_  
Start time \_\_\_\_\_ End Time \_\_\_\_\_ # staff/counselors \_\_\_\_\_

**Week 4:**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ # Residential \_\_\_\_\_ #Day \_\_\_\_\_  
Start time \_\_\_\_\_ End Time \_\_\_\_\_ # staff/counselors \_\_\_\_\_

**Week 5:**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ # Residential \_\_\_\_\_ #Day \_\_\_\_\_  
Start time \_\_\_\_\_ End Time \_\_\_\_\_ # staff/counselors \_\_\_\_\_

**Week 6:**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ # Residential \_\_\_\_\_ #Day \_\_\_\_\_  
Start time \_\_\_\_\_ End Time \_\_\_\_\_ # staff/counselors \_\_\_\_\_

**Week 7:**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ # Residential \_\_\_\_\_ #Day \_\_\_\_\_  
Start time \_\_\_\_\_ End Time \_\_\_\_\_ # staff/counselors \_\_\_\_\_

**6. Meals**

1<sup>st</sup> meal each week: Breakfast\_\_\_\_ Lunch\_\_\_\_ Dinner\_\_\_\_

Last meal each week: Breakfast\_\_\_\_ Lunch\_\_\_\_ Dinner\_\_\_\_

Do you anticipate any special dietary needs? Yes\_\_\_\_ No\_\_\_\_

Please explain:

**ALL APPLICANTS FILL OUT BELOW**

**7. Housing Information** (if applicable) \*# *night minimum*

NUMBER OF ROOMS/CATEGORY NEEDED

# Participants \_\_\_\_\_ Type of housing preferred: singles # \_\_\_\_\_ doubles # \_\_\_\_\_ triples # \_\_\_\_\_

# Counselors/staff \_\_\_\_\_ Type of housing preferred: singles # \_\_\_\_\_ doubles # \_\_\_\_\_ triples # \_\_\_\_\_

Does any staff arrive early? Yes \_\_\_\_\_ No \_\_\_\_\_ Specify date and # of people \_\_\_\_\_

Special needs anticipated (accommodations, etc.) \_\_\_\_\_

*Please note that an infirmary, mandated by NJ Youth Safety Standards, will be added to your billable number of rooms reserved at a reduced rate if your participants are less than 18 years of age.*

**8. Will you need space to run store/concessions?** Yes \_\_\_\_\_ No \_\_\_\_\_

Describe types of items/foods for sale.

**9. Are you American Camp Association (ACA) accredited?** Yes \_\_\_\_\_ No \_\_\_\_\_

**10. Spaces Needed**

Describe type/size of spaces needed and capacities needed for each (fields, assembly/meeting rooms, pool, climbing wall, outdoor recreational spaces, lounges, etc.). Use specific names of spaces preferred if known.

<u>Space</u> (fields, lounges, meeting rooms, classrooms, etc.)	<u># people occupying space</u>	<u>Times needed</u>

\*Do you need the pool? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of time needed \_\_\_\_\_ # swimmers anticipated \_\_\_\_\_

# days per week in pool preferred: \_\_\_\_\_ Specify \_\_\_\_\_

*\*Pool time is limited in summer. No guarantees can be made about availability or times.*

**11. Describe Evening Activities** (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

**12. Sample Schedule**

Please attach a sample schedule if available so we can best anticipate your scheduling needs.

*Disclaimer: Please note that space preferences will be taken into consideration, but specific locations and times cannot be guaranteed.*

Form Submitted by \_\_\_\_\_ Date \_\_\_\_\_

*E-mail form to [dspina@ramapo.edu](mailto:dspina@ramapo.edu) or mail to  
Ramapo College, 505 Ramapo Valley Road, Events and Conferences/D104, Mahwah, NJ 07430  
Additional summer information is available at [www.ramapo.edu/conferences](http://www.ramapo.edu/conferences)*

**Faxes and incomplete forms will not be accepted.**

\_\_\_\_\_

**NEW CAMPS/PROGRAMS ONLY**

**June 19-July 31, 2011**

How many years has your camp/program been in operation? \_\_\_\_\_

Have you ever held your program at a College or University? \_\_\_\_\_

Please provide references from past locations.

<i>Name of location</i>	<i>Contact person</i>	<i>City/State</i>	<i>Phone</i>	<i>Email</i>

Can your organization provide the required insurance certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*See specific requirements on next page.*

**Please provide:**

- 1. Proof of incorporation**
- 2. Proof of non-profit status if applicable**
- 3. W9**
- 4. Proof of insurance**
  - a. Renter will need to provide certificate with specific language outlined below prior to the start of the contracted program.**

**All summer camps/programs must abide by the Ramapo College policies and procedures as outlined in the Summer Programs manual. Information is available at [www.ramapo.edu/conferences](http://www.ramapo.edu/conferences).**

**INSURANCE REQUIREMENTS**

## **KEEP FOR YOUR RECORDS**

### **INSURANCE AND INDEMNITY:**

1. The Contracting party shall secure and maintain in force for the term of the contract, insurance coverage provided herein. All insurance coverage is subject to the approval of the College and shall be issued by an insurance company authorized to do business in the State of New Jersey and which maintains an A.M. Best rating of A- (VII) or better. The contracting party shall provide the College with current Certificates of Insurance for all coverage and renewals thereof which must contain the provision that the insurance provided in the certificate shall not be canceled for any reason except after thirty (30) days written notice to the College. All insurance required herein shall contain a waiver of subrogation in favor of the College.

**All insurance required herein, except Workers' Compensation, shall name Ramapo College, the State of New Jersey and the New Jersey Educational Facilities Authority, as additional insureds.**

2. Commercial General Liability insurance written on an occurrence form including independent contractor liability, products/completed operations liability, contractual liability, covering but not limited to the liability assumed under the indemnification provisions of this contract. Coverage for bodily injury and property damage claims arising out of the professional acts of the contractor and subcontractors shall also be included should the events or activities require the attendance of a practitioner of the medical arts. The policy shall not include any endorsement that restricts or reduces coverage as provided by the ISO CG0001 form without the approval of the College. The minimum limits of liability shall not be less than a combined single limit of one million dollars (\$1,000,000) per occurrence, two million dollars (\$2,000,000) general aggregate, two million dollars (\$2,000,000) product/completed operations aggregate. A "per location endorsement" shall be included, so that the general aggregate limit applies separately to the location that is the subject of this contract.

3. Comprehensive Automobile Liability covering owned, non-owned, and hired vehicles. The limits of liability shall not be less than a combined single limit of one million dollars (\$1,000,000) per occurrence.

4. Worker's Compensation Insurance applicable to the laws of the State of New Jersey and other State or Federal jurisdiction required to protect the employees of the contracting party and any subcontractor who will be engaged in the performance of this contract. The certificate must so indicate that no proprietor, partner, executive officer or member is excluded. This insurance shall include Employers' Liability Protection with a limit of liability not less than one million dollars (\$1,000,000) bodily injury, each occurrence, one million dollars (\$1,000,000) disease, each employer, and one million dollars (\$1,000,000) disease, aggregate limit. Lower primary limits will be accepted if employer's liability insurance is included under umbrella insurance and the umbrella limit exceeds the above employer's liability limit requirements.

5. The contracting party shall require all subcontractors, agents and franchisee to comply with all of the insurance requirements described above. The contracting party shall be responsible for obtaining certificates of insurance for all coverage and renewals thereof for each subcontractor, agent and franchisee prior to their beginning work at College. The contracting party shall provide copies of all subcontractor, agents and franchisee certificates of insurance to the College upon request.

### **6. Indemnification and Hold Harmless**

The contracting party shall assume all risk of and responsibility for, and agrees to defend, indemnify and hold harmless the College, the State of New Jersey and the New Jersey Educational Facilities Authority, including their trustees, officers, employees, volunteers and agent from and against any and all claims, demands, suits, actions, recoveries, judgments, costs and expenses (including reasonable attorney's fees) in connection therewith on account of the loss of life, property, or injury or damage to the person, body or property, of any person or persons whatsoever, which shall arise from or result directly or indirectly from the use of the premises under this contract. This indemnification obligation is not limited by, but is in addition to the insurance obligations contained in this agreement.

### **7. Safety and Security**

The contracting party is responsible for providing for the safety and security for all spectators, participants and employees at all times while using the College's facilities. It is the contracting party's sole obligation to inspect the facilities prior to each use. To identify any unsafe conditions and take appropriate action to repair, warn and give notice. If the unsafe condition is the College's responsibility, the contracting party must give notice to the College but continue to take action to warn and/or safeguard all spectators, participants and employees of the unsafe condition until the College makes the necessary repairs.