



Request for Summer Camp/Program Space

Summer 2009: June 21-August 2

Contact Information

Sponsoring Organization/Group _____

Contact Name _____

Address _____ State _____ Zip Code _____

Phone: _____ Cell _____

E-Mail _____ Fax _____

Non Profit Organization: Yes___ No___ Have you held an event at Ramapo previously? Yes___ No___

Event Information

Program Title _____

Description of Program _____

Arrival/Departure Dates (s) _____

Day Program _____ Residential Program _____ Daily hours of Program _____

Are participants paying a registration fee for the program? Yes___ No___

Locations preferred (if known) _____

Camp Category (check all that apply)

___ Academic ___ Educational ___ Recreational
___ Religious ___ Sport Other _____

Participants/Staff

participants _____ Age range of participants _____ # staff/counselors _____

How many of your staff/counselors will stay in residence with the participants? _____

Special needs anticipated (accommodations, etc.) _____

Meals (if applicable)

1st meal on the 1st day Breakfast___ Lunch___ Dinner___
Last meal on the last day Breakfast___ Lunch___ Dinner___

Do you anticipate any special dietary needs? Yes___ No___

Please explain:

Housing Information (if applicable)

participants _____

Type of housing preferred single____ double____ triple____

counselors/staff _____

Type of housing preferred single____ double____ triple____

Note that an infirmary, mandated by NJ Youth Safety Standards, will be added to your number of rooms reserved if your participants are less than 18 years of age.

Will you need space to run a camp store/concessions? Yes____ No____

Describe:

Spaces Needed

Describe type/size of spaces needed and what capacities each needs to hold (fields, assembly/meeting rooms, pool, climbing wall, outdoor recreational spaces, etc.)

Evening Activities (if applicable)

Describe:

Sample Schedule

Please attach a sample schedule if available.

Comments

Please note that although preferences will be taken into consideration, requested meeting and housing spaces cannot be guaranteed. Also note that all camps/programs with minors staying in residence will be required to pay a NJ Fire Registration licensing fee (amount varies depending on the # of participants)

Form Submitted by _____ Date:

E-mail form to dspina@ramapo.edu or fax to Deborah Spina, (201) 684-7097.