Request for Summer Programs

1. Contact Information (please print)

Sponsoring Organization/Group____________________________________________________________

Contact Name_________________________________________________________ ☐ Returners please check if same as 2015 and skip this section

Phone_________________________________________ Cell___________________________________

Address__________________________________________________________ Email_____________________

City/State/Zip___________________________________________________________ Non-Profit Organization: Yes___ No___

2. Program Information

a. Program Title/Camp Name__________________________________________________________

b. Total # of sessions _______ Day Only_____ Residential ______(3 night min) Both options available____

c. Age range of participants__________ Gender of participants: M___ F___ Co-Ed___

d. Do you conduct background checks on your staff and counselors? Yes___ No___

2016 CAMP SEASON

June 25 - August 5, 2016

3. Program Questions

a. Do you plan to run a store or sell food/merchandise/concessions inside a residence hall? Yes___ No___

b. Do you plan to leave campus as a group for any trips?
   Method: By bus___ van___

   Yes___ No___

c. Will you need snacks or refreshment breaks provided in areas other than the dining hall? Yes___ No___

d. Will you need to make arrangements for deliveries? (Note: Mail is not received/delivered on Fridays in Summer)

   Yes___ No___

e. Preferred meal times: Breakfast_________ Lunch_________ Dinner_________

   Note: For 2016, the Birch Tree Inn will be under construction. In some instances catering by Dining Services or external caterers/restaurants may be necessary.

f. Do you want to reserve the Pool? Yes______ No____
   Preferred day(s):

   Preferred Times(s):
4. Session(s) details:

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<tr>
<th>Fill in by week</th>
<th>Check In Day/Date times</th>
<th>Check Out Day/Date times</th>
<th># of Campers overnight day</th>
<th># of Staff overnight day</th>
<th># singles needed Not incl. infirmary</th>
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<td>Week 1 dates</td>
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Please note that an infirmary, mandated by NJ Youth Safety Standards if your participants are less than 18 years of age, will be added to your billable number of rooms reserved at a reduced rate.

5. Spaces Needed Specify all spaces needed each day with times if known at this time.
Repeat all space, times, and set-ups from 2015? Yes____ No____ (Fill out if “no” or want to add/change info)

List spaces/types of spaces needed (please include meeting or recreational spaces):

1. ___________________________ When_______________________ Hours____________________
2. ___________________________ When_______________________ Hours____________________
3. ___________________________ When_______________________ Hours____________________
4. ___________________________ When_______________________ Hours____________________
5. ___________________________ When_______________________ Hours____________________

Disclaimer: Space preferences will be taken into consideration, but specific locations and times cannot be guaranteed.

6. Website Listing:  http://www.ramapo.edu/conferences/summer-camps.html

Returning groups, *Please see the website for your description and resubmit with changes here if desired.
1. OK with current description as it appears____  2. See new submission below or attached____

New groups… Please submit a 2-3 lines with website link to be posted on the Events and Conferences website. This posting will appear once the organization has paid its deposit.

Application Information
E-mail form to dspina@ramapo.edu or mail to:
Ramapo College
505 Ramapo Valley Road
Events and Conferences/D104
Mahwah, NJ 07430
Attrn: Debbie Spina

Important Meeting