



## 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

June 2016							July 2016							August 2016						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4						1	2		1	2	3	4	5	6
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31			
							31													

### 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? Yes \_\_\_ No \_\_\_  
 Method: By bus \_\_\_ van \_\_\_

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)

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:**

Fill in by week	<u>Check In</u>		<u>Check Out</u>		<u># of Campers</u>		<u># of Staff</u>		<u># singles needed</u> Not incl. infirmary
	Day/Date	times	Day/Date	times	overnight	day	overnight	day	
Week 1 dates									
Week 2 dates									
Week 3 dates									
Week 4 dates									
Week 5 dates									
Week 6 dates									

*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](mailto:dspina@ramapo.edu) or mail to:**

Ramapo College  
 505 Ramapo Valley Road  
 Events and Conferences/D104  
 Mahwah, NJ 07430  
 Attn: Debbie Spina

**Important Meeting**