



Request for Summer Programs

Camp Season: Last weekend of June to 1st Friday in August (residential deadline)

1. Contact Information (please type or print)

Sponsoring Organization/Group _____

Contact Name _____ Returners skip this section

Phone _____ Cell _____

Address _____ Email _____

City/State/Zip _____ Web address _____

On-Site Contact (if known) _____ Day Program ___ Residential Program ___ Both ___

Tax Exempt: Yes ___ No ___ ACA accredited: Yes ___ No ___

2. General Program Information

- a. Program Title/Camp Name _____
- b. New Group ___ Returning Group ___ (*Skip rest of Section 2*)
- c. Age range of participants _____ Gender of participants: M ___ F ___ Co-Ed ___
- d. Type of program: Day Only ___ Residential ___ (*10 rooms x 3 night min*) Both options available ___
- e. Length of program: single session ___ # of weeks/sessions _____
- f. Do you conduct background checks on your staff/counselors? Yes ___ No ___
- g. Ratio of counselors to campers? _____
- h. Other locations where this program is held? _____
- i. Do you plan to run an indoor store or sell food/merchandise/concessions? Yes ___ No ___
- j. Do you need to have packages delivered (*Note: Mailroom is closed on Fridays in summer*) Yes ___ No ___
- k. Do you plan to leave campus as a group for any trips? Yes ___ No ___ Method: bus ___ van ___

3. Spaces Needed (include primary, recreational, pool, meetings, etc.)

Location* Describe space if unknown	Hours needed	Need Daily or Specify Day(s)	Activity to be held and set up if known

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

4. Questions about Dining

- a. Will you need catering or refreshment breaks provided in areas *other* than a dining hall? Yes___ No___
- b. Preferred meal times: Breakfast_____ Lunch_____ Dinner_____
- c. 1st meal per session: B___ L___ D___ Last meal per session: B___ L___ D___

Note: 50 people/meal (collectively) for meal service. Ramapo Dining will combine groups to meet minimum when possible.

5. Day Camp Information

- a. Session Dates: _____
- b. Daily Check-In Times _____ Daily Check-Out Times _____
- c. # campers/session _____ # staff/session _____ (Note: 15/day min)
- d. Do you plan to have Ramapo provide lunch or an area for individual purchase? Yes_____ No_____

Note: Group to be billed a minimum of 15 campers per day

6. Residential Camp Information

- a. Residential Move-In Hours _____ Residential Move-Out Hours _____
- b. Fire alarm time preference: 1st night: 9:30pm_____ 10pm_____ Before breakfast on 1st morning_____

Note: Groups to be billed a minimum of 10 rooms plus infirmary for 3 nights

Session (s) details

Session #	Days of the Week	Dates 1 st to last	Est. # of Campers		Est. # of Staff		Total # Residential Camper/Staff	Est. # singles Not including infirmary*
			overnight	day only	overnight	day only		
Session 1								
Session 2								
Session 3								
Session 4								
Session 5								
Session 6								

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

7. 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.

Application Information

E-mail form to dspina@ramapo.edu or mail to:

Ramapo College
505 Ramapo Valley Road, D104
Mahwah, NJ 07430

Attn: Debbie Spina, Events and Conferences

MANDATORY MEETING:

**Licensee must attend annual Summer Programs Meeting –
Wednesday prior to Memorial Day Weekend, 10am Trustees Pavilion**