



YMCA Camp Bernie Outdoor Education Program  
 327 Turkey Top Road, Port Murray, NJ 07865 (908) 832-5315 Fax (908) 832-9078

## Group Information Sheet

This sheet provides us with the information needed to coordinate your program. Please complete each section thoroughly and return this form no later than **three weeks** prior to your visit. Please call our Outdoor Education Coordinator if you require advice or assistance.

|                      |
|----------------------|
| School _____         |
| Grade Level _____    |
| Dates of Visit _____ |
| Arrival Time _____   |
| Departure Time _____ |

|                      |
|----------------------|
| Contact Person _____ |
| Phone Number _____   |
| Fax Number _____     |
| Email Address _____  |

### Classes

Please list all the classes to appear on your schedule.

| Class Selection | Equipment Requests: If your group requires any special equipment (TV, DVD player, projection screen etc.) please list items here. | Transition Time – Between the last class and dinner most groups have about 30 minutes of downtime. Please indicate how you would like us to schedule this school-supervised time for your group. Please circle your choice(s) below. |
|-----------------|---|--|
| 1.              |   |  |
| 2.              |   |  |
| 3.              |   |  |
| 4.              |   |  |
| 5.              |   |  |
| 6.              | 1.  | <b>Rec Hall</b>  |
| 7.              | 2.  | <b>Recreational Sports</b>   |
| 8.              | 3.  | <b>Cabin Time</b>  |

### Lodging

Indicate how many people will be staying in each facility that has been reserved for your group. Each building's capacity is shown in parentheses. **(All housing is subject to change)**

*All lodging must be **vacated prior to breakfast** on the final day. Buildings should receive an overall cleaning and be checked for items left behind. All gear should be moved to a designated holding area (in most cases the pavilion). After cabins have been emptied a YMCA Camp Bernie staff member will inspect them.*

| Cabin  | Students | Adults | Total | Lodges                          | Students | Adults | Total |
|--|----------|--------|-------|---------------------------------|----------|--------|-------|
| <b>Birch (22)</b><br>Formerly Cabin #1                       |          |        |       | <b>Lenape Left (16)</b>         |          |        |       |
|  |          |        |       | Right (16)                      |          |        |       |
|  |          |        |       | Downstairs (12 cots)            |          |        |       |
| <b>Maple (18)</b><br>Formerly Cabin #2                       |          |        |       | <b>Turrell Left (20)</b>        |          |        |       |
| <b>Van Doren Wellness Center (10)</b><br>Formerly Cabin #4   |          |        |       | Right (20)                      |          |        |       |
| <b>Hickory</b><br>Formerly Cabin #5/6<br>Left (10)           |          |        |       | Center (12)                     |          |        |       |
| Right (10)   |          |        |       | Downstairs (15 cots)            |          |        |       |
| <b>Oak</b><br>Left (10)<br>Right (10)<br>Formerly Cabin #7/8 |          |        |       | <b>Jaqua</b><br>Front Left (14) |          |        |       |
|  |          |        |       | Front Right (14)                |          |        |       |
|  |          |        |       | Back Left (14)                  |          |        |       |
|  |          |        |       | Back Right (14)                 |          |        |       |

**\*\* Nurse Will Stay in \_\_\_\_\_ Cabin.**

## Meals

The YMCA Camp Bernie Food Service Director presets menus on a weekly rotation. We are happy to accommodate any special dietary needs when these requests are made in advance. We provide a vegetarian option when requested. **Additionally we are always willing to accept special requests. Some special requests may incur an additional fee.**

Please indicate those participants with special dietary needs, allergies or vegetarians below. Indicate any requests for change in mealtimes or special menu items. We will make every effort to grant your requests.

| Requirements          | Description | Meals | Times | # of People |
|-----------------------|-------------|-------|-------|-------------|
| Special Requests:     |             |       |       |             |
| Dietary Restrictions: |             |       |       |             |
| Allergies:            |             |       |       |             |
| Vegetarians:          |             |       |       |             |

## Meal Times

Meal times are standardized to facilitate the program schedule: **Breakfast 8:00 am, Lunch 12:30 pm, Dinner 5:30 pm.** Please note that Lunch on the final day may be scheduled earlier to facilitate departure or arrival of incoming groups. Please make a note of these times.

## Table Groups

How many table groups will your school require? Please assign one to two chaperones per table.

**Total # of tables @ 10 people per table**

## Learning Groups

How many learning groups will your group require? Please assign one to two chaperones per group.

**Total # of learning groups @ 15 Students per group**

## Extra Activities

Please indicate if your group would like to participate in any extra curricular activities.

| Activity        | Yes | No |  | Yes | No |
|-----------------|-----|----|--|-----|----|
| Nature Reading  |     |    | Canoeing after dinner? (available April 15-November 1) |     |    |
| Food Waste      |     |    | Archery after dinner?                                  |     |    |
| Weather Station |     |    | Horseback riding? (\$10 Ring Ride, \$25 Trail Ride)    |     |    |
| Recreation Hall |     |    | Trading Post open? Day(s) _____ Time(s) _____          |     |    |
|                 |     |    | Would you like candy sold? YES / NO                    |     |    |

## Evening Programs

Please list the evening programs you have selected.

**1st evening:** \_\_\_\_\_ **2nd Evening:** \_\_\_\_\_

## Final Numbers

Please indicate as accurately as possible the total number of participants that will be attending YMCA Camp Bernie.

|           |       |                |       |                    |
|-----------|-------|----------------|-------|--------------------|
| Students  | _____ | Teachers       | _____ |                    |
| H.S. Aids | _____ | Administrators | _____ |                    |
| Parents   | _____ | Other          | _____ | <b>TOTAL</b> _____ |

Please mail or fax this form to Colleen Sellers, OE Coordinator, no later than **three weeks** prior to your visit. If you have any questions or concerns, please call or e-mail Colleen at (908) 832-5315 ext. 17 or csellers@campberniemca.org.