



YMCA Camp Bernie Outdoor Center Programs  
 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 Program Coordinator if you require advice or assistance.

Group \_\_\_\_\_  
 Age/Grade Level \_\_\_\_\_  
 Dates of Visit \_\_\_\_\_  
 Arrival Time \_\_\_\_\_  
 Departure Time \_\_\_\_\_

Contact Person \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

### Final Numbers

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

	Male	Female	Total		Male	Female	Total
Children/Students	_____	_____	_____	<b>TOTALS:</b>	_____	_____	_____
Parents/Teachers	_____	_____	_____		_____	_____	_____
Other	_____	_____	_____		_____	_____	_____

### Lodging Requests (For Overnight Groups only).

Indicate which cabins or lodges you would prefer. We will make every attempt to honor requests, however, we cannot guarantee specific lodging until all group information is returned. 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 (as indicated by the program coordinator). After cabins have been emptied a YMCA Camp Bernie staff member will inspect them.*

#### Cabins:

- \_\_\_\_\_ Birch (22)
- \_\_\_\_\_ Maple (18)
- \_\_\_\_\_ Wellness (10)
- \_\_\_\_\_ Hickory (20)
- \_\_\_\_\_ Oak (20)

#### Lodges: (please refer to Cabin Layouts for more details)

- \_\_\_\_\_ Lenape (32 + cots)
- \_\_\_\_\_ Turrell (52)
- \_\_\_\_\_ Jaqua (56)

#### \*\*The Nurse will stay:

- \_\_\_\_\_ in the cabins with the rest of the group.
- \_\_\_\_\_ need his/her own room within a cabin.
- \_\_\_\_\_ we do not have a nurse or designated medical officer.

### Meeting Space Needs

Please indicate any meeting space needs you may have, including times & capacities.

# of Rooms	Capacity	Days/Times	Equipment Needed

**A/V Equipment Available:** TV, VCR, DVD, LCD projector, Projector Screen, Portable Sound System, Microphone, Easel, Podium.

### Meal Times

Meal times are standardized to facilitate the program schedule: **Breakfast 8:00am, Lunch 12:30pm, Dinner 6:00pm.** 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.

## Meals & Special Requests

The YMCA Camp Bernie Food Service Director presets menus on a weekly rotation. We are happy to try to accommodate 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, though some special requests may incur an additional fee.**

**Please indicate those participants with special dietary needs, allergies or vegetarians below, though some dietary needs may require participants to bring supplemental food. 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
<b>Special Requests:</b>				
<b>Dietary Restrictions:</b>				
<b>Allergies:</b>				
<b>Vegetarians:</b> (not vegans)				

## 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**

## Activities

Please list all the Activities to appear on your schedule.

Daytime Activities	Evening Activities: One evening activity is included for each night of your stay.	Transition Time: Between the last activity and dinner most groups have about 30-45 minutes of downtime. Please indicate how you would like us to schedule this group-supervised time. Please circle your choice(s) below.
1.	<b>1<sup>st</sup> evening:</b>	<b>Rec Hall</b> <b>Recreational Sports</b> <b>Cabin Time</b>
2.		
3.		
4.		
5.		
6.	<b>2<sup>nd</sup> evening:</b>	<b>Rec Hall</b> <b>Recreational Sports</b> <b>Cabin Time</b>
7.		
8.		

## 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
<b>Nature Reading</b>			<b>Canoeing</b> before/after dinner? (available April 15-Nov 1) (extra fee required unless used as the evening program)		
<b>Food Waste</b>			<b>Archery</b> before/after dinner? (extra fee required unless used as the evening program)		
<b>Weather Station</b>			<b>Horseback riding?</b> (extra fee required, please see Rates)		
<b>Recreation Hall</b>			<b>Trading Post</b> open? Day(s) _____ Time(s) _____		
			Would you like candy sold?		

Please mail or fax this form to the Program Coordinator at 908-832-9078 (fax), no later than **three weeks** prior to your visit. If you have any questions or concerns, please call the office at (908) 832-5315.