



ATLANTIC DIVISION
of the
American Canoe Association

www.aca-atlanticdivision.net
P.O. Box 281
Sloatsburg, NY 10974-1100



Selection & Evaluation Chair
PO Box 281
Sloatsburg, NY 10974-1100

CAMP FACILITY ANNUAL REPORT
Individual Facility Holder
DUE by NOVEMBER 15TH

Facility Holder Name: _____

Facility #: _____ E-Mail Address: _____

Address: _____ Phone: _____
Street

_____ City State Zip

Your annual report is due by November 15th. All facility holders are required to submit a report, even if you only have a one-year assignment. You and your guests are expected to abide by all items listed in the Facility Holders Agreement. You are expected to meet all of the following 5 requirements. A failure in any of these will result in an unsatisfactory rating for the year.

1. Fees All fees (including guest fees) have been paid as required.
_____ (Initial here).

2. Membership You must be an ACA member. ACA # _____.

3. Usage A tent platform must be used at least 15 days and a cabin at least 20 days during the season. Please attach a facility log showing dates of usage. These records will be checked against the camp registration info. **(Please mark the facility log info, #3 Usage).**

4. Work/Participation Each facility will perform Host & Sanitation at least one weekend during the season. **Please indicate the date duty performed.** _____

In addition each facility holder must participate in additional work assignments.

No distinction will be made between camp and division work/participation. Time spent on all committees or Division activities **held at Lake Sebago DOES** count toward fulfilling this requirement. Any work/participation done that involves payment for services can NOT be considered toward fulfilling this requirement.

Any work done **in and around a tenant's club facility does NOT** count toward fulfilling this requirement. Each facility must have a total of 15 hours of work/participation. Please submit a list including date, nature of work/participation and hours. **(Please mark as #4 Work/Participation)**

5. **Service/Events** You must be an active member of an ACA Committee. (National, Divisional, including Activity Committees, Executive, Camp or subcommittee) Please list committee name _____.

OR

You may run a canoe sport program, event or activity at Lake Sebago that is open to participation by the general membership of the ACA. At least 10 ACA members must participate. **Please submit a write-up of your event, date held, and a list of participants.**

Signature: _____ **Date:** _____

Please mail the completed form with attachments by 11/15 to

**Selection & Evaluation Chair
PO Box 281
Sloatsburg, NY 10974-1100**

For Committee Use only.

1. _____
2. _____
3. _____
4. _____
5. _____

Disposition: _____ **Satisfactory**
_____ **Unsatisfactory**