



ATLANTIC DIVISION
OF
THE AMERICAN CANOE ASSOCIATION
www.aca-atlanticdivision.net



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

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

Club Facility Holder Name: _____

Facility #: _____ **Contact E-Mail Address:** _____

Club Address: _____

Street

City

State

Zip

Contact Name: _____ **Contact Phone:** _____

Your annual report is due by November 15th. All facility holders are required to submit a report. All persons using your facility including 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. Club Listing by ACA Your club must be an ACA National recognized club. Please list your ACA Club # _____

CLUB FACILITY ASSIGNMENTS REQUIRE THAT YOU HAVE A MINIMUM OF 20 ACA Members (10 of whom are unique to your club facility list) Please attach list with ACA #'s and mark as #2 Club List.

4. Usage A club tent platform must be used at least 20 days and a club cabin at least 25 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, #4, Usage).**

5. Work/Participation Each facility will perform Host & Sanitation at least one weekend during the season. **Please indicate the date duty performed, and name of club person(s) in charge of this duty for your weekend(s).**

_____ **Date** _____

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 30 hours of work/participation. **Please submit a list including date, nature of work/participation and hours. (Please mark as #5 Work/Participation)**

6 Service/Events A minimum of 2 club members must participate as members of ACA Committee(s) (National, Divisional (including Activity Committees), Executive, or Camp Committees or Subcommittees). Please list all committee names where your club is active and the names of your club members who are actively involved in these committees.

And

You must run one canoe sport programs, events or activities at Lake Sebago that are open to participation by the general membership of the ACA. This activity must be listed in Canoe Sport. At least 10 ACA members must participate. **Please submit a write-up of your event, dates held, and a list of participants. (Attach report to this form, marked #6 Service/Events.)**

Signature: _____ **Date:** _____

**1. Please mail your completed form by 11/15 to
Selection & Evaluation Chair
PO Box 281
Sloatsburg, NY 10974-1100**

For Committee Use

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Disposition: _____ Satisfactory
 _____ Unsatisfactory

Comments: