

2019 CLUB FACILITY REPORT CHECKLIST

- All fees (including guest fees) have been paid.**
- Club ACA number has been provided.**
- Facility usage log attached showing club cabin was used at least 25 days and 10 overnights.**
- Host and sanitation form is signed and attached.**
- Work hours log clearly stating member name, date, nature of work, and hours is signed and attached.**
- Provided list of club members and the ACA Committee(s) they participate in (minimum of 2.)**
- Events log clearly stating event date, event name and minimum of 10 ACA member participants is attached.**
- Current 2019 ACA Membership list with a minimum of 20 unique adult ACA members is attached. Please provide copies of current ACA membership cards.**

Sign name

Date

Print name

Club name

Questions?

Email Carrie Mazanec at sebagoselection@gmail.com



Atlantic Division
of the
American Canoe Association
aca-atlanticdivisionblog.com

Selection & Evaluation Chair
PO Box 281
Sloatsburg, NY 10974-1100
sebagoselection@gmail.com

CAMP FACILITY ANNUAL REPORT
Club Facility Holder
Due by NOVEMBER 15th

Club Name: _____

Facility #: _____ Contact E-Mail Address: _____

Club Address: _____

City, State, Zip: _____

Contact Name: _____ Contact Phone: _____

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 Holder's Agreement. You are expected to meet all of the following 8 requirements in order to get a satisfactory rating. 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. ACA National must recognize your club.

List your ACA Club #: _____.

3. Usage. A club tent platform must be used at least 20 days (with 8 overnights) and a club cabin at least 25 days (with 10 overnights) during the season. This usage must be unique - not overlap with that of another facility. These records will be checked against the camp registration info. (Submit attached Club Facility Log.)

4. Host and Sanitation Duty Weekend. Each facility will perform Host and Sanitation duty at least one weekend during the season. (Two weekends if holding two facilities). Indicate the date(s) duty performed, and name of club person(s) in charge of this duty for your weekend(s).

Date

Person in charge

Person in charge

(Submit signed Host and Sanitation Form.)

5. Work Hours Performed. Each facility holder must participate in additional work assignments. No distinction will be made between camp and division work. Time spent on all committees or division activities held at Lake Sebago DOES count toward fulfilling this requirement. A maximum of 10 hours of committee/division meeting time can be considered work hours. Any work 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 club facility must have a total of at least 30 hours of work. (Submit attached Club Facility Log.)

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. (3 club members if holding two facilities). List below all committees where your club is active and the names of your club members who are actively involved in these committees.

Committee Names	Club Members on the committee
_____	_____
_____	_____

And

7. Events. You must run at least one paddle sport program, event or activity at Lake Sebago that is open to participation by the general membership of the ACA. This activity must be listed in Canoe Sport and/or on the Atlantic Division website. (Minimum two events if holding two facilities). At least 10 ACA members must participate in each. (Submit attached Event Log.)

8. Membership. Club facility assignments require that you have a minimum of 20 adult ACA members. All 20 need to be unique to your club list. (A minimum of 40 unique adult ACA members are required if holding two facilities). (Submit your club membership list, including copies of current ACA memberships cards).

Signature: _____ **Date:** _____

**Please mail or email the completed form with attachments by 11/15 to:
Selection & Evaluation Chair
PO Box 281
Sloatsburg, NY 10974-1100
sebagoselection@gmail.com**

For Committee Use only:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Disposition:

_____ **Satisfactory**

_____ **Unsatisfactory**

2019 CLUB FACILITY LOG

CLUB NAME _____

OVERNIGHT (CIRCLE)	DATE	ACA NUMBER (REQUIRED)	MEMBER NAME	NON-MEMBER GUEST	WORK HOURS PERFORMED (DETAIL WORK AND NUMBER OF HOURS)	CHAIR INITIALS FOR WORK PERFORMED
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						
YES / NO						

*****ALL GUESTS MUST ALSO SIGN-IN ON THE CAMP'S SIGN-IN SHEET EACH DAY IN CAMP*****

2019 HOST AND SANITATION FORM

NAME _____ CABIN # _____
CLUB _____ TENT # _____

Host and Sanitation duties should begin by noon on Saturday. Stock of supplies and general cleanliness should be re-checked at the end of the weekend (approx. 5pm Sunday). Please make sure to inform the Host and Sanitation Chair of supplies or repairs needed at the end of the weekend.

All bathroom supplies are in the cabinet and metal trash can in the large bathhouse. There is an additional smaller set of supplies in the bathroom at the top of the parking lot.

Checklist:

- Sweep both restrooms and steps. Brush cobwebs.
- Scour sinks in both restrooms and urinals.
- Clean toilets and showers. Rinse with cleaning solution.
- Mop and rinse floors as needed.
- Refill soap dispensers in both restrooms.
- Replace toilet tissue as required. Place a spare (wrapped) roll in the stalls as needed.
- Sweep the Pavilion area, meeting room, and steps.
- Replace burned out light bulbs or notify camp director.
- Check for obvious safety hazards and notify the camp director.

I have completed the above duties on ___/___/___ at _____pm, on behalf of

facility

Print Name

Signature

Approved by:

Host & Sanitation Chair or Camp Committee Member

****MUST HAVE AT LEAST 10 ACA MEMBERS IN ATTENDANCE AT EACH EVENT****

	DATE OF EVENT	EVENT NAME	NAME OF ATTENDEE	ACA MEMBER (CIRCLE)
1				YES / NO
2				YES / NO
3				YES / NO
4				YES / NO
5				YES / NO
6				YES / NO
7				YES / NO
8				YES / NO
9				YES / NO
10				YES / NO
11				YES / NO
12				YES / NO
13				YES / NO
14				YES / NO
15				YES / NO
16				YES / NO
17				YES / NO
18				YES / NO
19				YES / NO
20				YES / NO
21				YES / NO
22				YES / NO
23				YES / NO
24				YES / NO
25				YES / NO
26				YES / NO
27				YES / NO
28				YES / NO
29				YES / NO
30				YES / NO

2019 ACA MEMBER LIST

CLUB NAME _____

	ACA MEMBER NAME	ACA NUMBER	EXPIRATION DATE
1			
2			
3			
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8			
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*****ACA MEMBER LIST MUST BE CURRENT*****

*****PLEASE ATTACH COPIES OF ACA MEMBERSHIP CARDS*****