

2019 INDIVIDUAL FACILITY REPORT CHECKLIST

- All fees (including guest fees) have been paid.
- ACA number has been provided and copy of current ACA membership card is attached.
- Facility usage log attached showing tent platform was used at least 15 days and 5 overnights or club cabin was used at least 20 days and 8 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.
- List committee name facility holder serves on –OR- event log clearly stating event date, event name and minimum of 10 ACA member participants is attached.

Sign name

Date

Print 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
Individual Facility Holder
Due by NOVEMBER 15th

Facility Holder Name: _____

Facility #: _____ E-Mail Address: _____

Address: _____ Phone: _____

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 Holder's Agreement. You are expected to meet all of the following 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. Membership.** You must be a current ACA member. Please provide a copy of current ACA Membership Card. ACA #: _____.
- 3. Usage.** A tent platform must be used at least 15 days (minimum 5 overnights) and a cabin at least 20 days (minimum 8 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 Individual Facility Log.)
- 4. Host and Sanitation Duty Weekend.** Each facility will perform Host and Sanitation duty at least one weekend during the season. Indicate the date duty performed. _____. (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/participation. Time spent on all committees or division activities HELD AT LAKE SEBAGO counts toward fulfilling this requirement. 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 facility does NOT count toward fulfilling this requirement. Each facility must have a total of at least 15 hours of work. (Submit attached Individual Facility Log.)

6. Service. You must be an active member of an ACA Committee - National, Divisional (including Activity Committees), Executive, or Camp Committees or Subcommittees.

List committee name _____.

OR

7. Events. You may run a paddlesport 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. (Submit attached Event Log.)

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. _____

Disposition:

_____ **Satisfactory**

_____ **Unsatisfactory**

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