

Facility #: _____

2023 CLUB FACILITY REPORT CHECKLIST

- All fees (including guest fees) have been paid.
- Club ACA number has been provided.
- Club cabin was used at least 25 days and 10 overnights. (Camp sign-in sheet will be referenced, no separate usage log required.)
- Host and sanitation form is attached.
- List names and Committees of the two club members who serve as active working members of an ACA Committee (National, Divisional or Camp Committee and their subcommittees). These must be unique club members and cannot have their own facility at the ACA Camp at Lake Sebago.
- Work hours log clearly stating member name, date, nature of work, and hours is signed by authorized Committee Chair and attached.
- Include events log clearly stating event date, event name and minimum of 10 ACA member participants is attached.
- Provided list of club members
- Full current 2023 ACA Membership list with a minimum of 20 unique adult ACA members is attached. Include copies of current ACA Membership cards if possible. If cards are not available, the ACA membership will be verified with ACA National. Please remember, unique members do not include members that have their own facilities at the ACA camp at Lake Sebago.
- List of club officers and cabin steward including contact information.
- Any revisions made to Constitution/Bylaws or membership application form.
- Any issues concerning your facility must be brought to the attention of the Camp Committee immediately. Please indicate if there are any issues:
 - No
 - Yes (please list) _____

Sign name

Date

Print name

Club name

Questions?

Email selectionevaluation@aca-atlanticdivision.com



Atlantic Division
of the
American Canoe Association
<https://aca-atlanticdivision.com/>

Selection & Evaluation Chair

PO Box 281

Sloatsburg, NY 10974-1100

selectionevaluation@aca-atlanticdivision.com

CAMP FACILITY ANNUAL REPORT

Club Facility Holder

Due by NOVEMBER 15th

(Late submission will result in an automatic unsatisfactory rating)

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. 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). (Submit signed Host and Sanitation Form.)

Date _____

Person in charge _____

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 Work Hours 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
1. _____	_____
2. _____	_____

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 Membership cards if possible. If cards are not available, the ACA membership will be verified with ACA National.

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
selectionevaluation@aca-atlanticdivision.com

For Committee Use only:

Disposition:

_____ **Satisfactory**

_____ **Unsatisfactory**

List of Deficiencies:

2023 EVENT LOG

SPONSORED BY _____

****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

2023 ACA MEMBER LIST

CLUB NAME _____

	ACA MEMBER NAME	ACA NUMBER	EXPIRATION DATE
1			
2			
3			
4			
5			
6			
7			
8			
9			
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11			
12			
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*****ACA MEMBER LIST MUST BE CURRENT*****

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

2023 HOST AND SANITATION CHECKLIST

NAME _____ CABIN # _____

or CLUB _____ or TENT # _____

Due to Covid-19, this year's sanitation duties have been modified. A professional cleaning service will clean both before and after each weekend camp is open. Your job will be to maintain sanitation during the weekend. Please use any protective equipment you need while performing the tasks listed below.

Host and Sanitation duties should begin **at the latest** before noon on Saturday, and preferably either Friday evening or Saturday morning. Stock of supplies and general cleanliness should be checked though the weekend and re-checked at the end of the weekend (approx. 5pm Sunday). This requires you to remain in camp throughout the weekend. Make sure you plan to arrive before noon on Saturday, and do not return home until after 5 pm on Sunday.

Make sure to inform the Host and Sanitation Chair or camp director of supplies or repairs needed at the end of the weekend. Let the director know in person or with a note. Let the chair know with an email directed to them. Contact info is at the bottom of this page.

All bathroom supplies are in the cabinets in the large bathhouse. There is an additional smaller set of supplies in the bathroom at the other end of the parking lot.

Checklist:

- Spray toilet flushers, faucets and light switches with disinfectant spray.
- Replace toilet tissue as required. Place spare (wrapped) rolls in the stalls as needed through the weekend.
- Refill hand sanitizer, soap and paper towel dispensers as needed through the weekend. Take garbage to bear-proof dumpster and replace garbage can liners as needed through the weekend. 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.
- Check for supplies that are running short or missing and notify camp director.

I have performed the above duties on:

Saturday, ___/___/___23 at (time) and Sunday, ___/___/___23 at (time) on behalf of _____ facility.

Print Name of Person(s) who performed cleaning tasks

Have camp director or camp committee member sign on Saturday **AND** Sunday

_____ Saturday

_____ Sunday

Camp Director: acacampcommittee@gmail.com

H&S Chair: hostsanitation@aca-atlanticdivision.com