



2009 Summer Wrap-Up Conference Not-For-Profit Resident Camp

**DATE: Wednesday September 23, 2009
TIME: 9AM-4:45PM
HOSTED BY: YMCA Camps McAlister and Talcott
Huguenot, NY**

Youth from low income, urban families often have very similar issues when they are away from their families for the summer. Take part in facilitated conversations about your challenges and successes from the summer. Join us for this opportunity to share your best (and worst) practices, your highs (and lows) with those individuals who are most familiar with the youth you serve. All participants will also have the opportunity to tour Camps McAlister and Talcott and learn more about the programs that they offer.

After a networking lunch, participants will choose from various breakout sessions which will include: year round teen programming, utilizing pop culture during orientation, the state of non-profit camping, summer learning curriculum, as well as roundtables to discuss common issues.

This year's facilitators include...

**Tom Karger, Fresh Air Fund
Christie Ko and Shola Jones, Fiver
Deb and Luke Jones, Project Morry**

**Lance Otting, Project Morry
Richard Williams, Fresh Air Fund
Michael and Sandi Friedman, Vacamas**

For more information, including directions to YMCA Camps McAlister and Talcott, please visit www.aca-ny.org/upcomingevent.php

**Questions? Please contact Quinton Buckley at
212-391-5208 ext. 1011 or
quinton@aca-ny.org**

2009 Summer Wrap-Up

Not-for-Profit Resident Camps

Wednesday, September 23, 2009

9:00AM - 4:45 PM

Hosted by: YMCA Camps McAlister and Talcott,
Huguenot, NY



Registration Form

Camp Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail _____

REGISTRATION FEES:

ACA Member \$15.00 per person (includes lunch)
ACA Non-Member \$20.00 per person (includes lunch)

NAMES (Please Print Clearly)	ACA MEMBER #	CAMP POSITION	FEEs
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Contribution to the
ACA Annual Fund _____

TOTAL: _____

PAYMENT INFORMATION : (Payment in due with Registration.)

CHECK Enclosed (Please make checks payable to ACA-NY)

Visa MasterCard

Card Number: _____ Exp. Date: _____

Card Holder's Name: _____ Card Holder's Signature: _____

Please mail or fax this form with payment to: American Camp Association - 2009 Summer Wrap-Up
1375 Broadway - 4th Floor, New York, NY 10018 / Tel: 212-391-5208 - Fax 866-553-9264