

2009

Resident Camp Conference

PRESENTED BY THE AMERICAN CAMP ASSOCIATION, NY

Tuesday, September 15th - Wednesday September 16th

GREYLOCK
FOUNDED 1916



MKN
CAMP MAH-KEE-NAC
est. 1929

Greylock

Camp Becket/Chimney Corners Camp

Camp Mah-Kee-Nac

...In the heart of the Berkshires...



Camp Taconic

CAMP
DanBee

Camp Danbee

AGENDA

Tuesday September 15th

1:15PM	Arrive at Greylock
1:30-3:30PM	Tour Greylock
3:30-3:45PM	Travel to Camp Becket and Chimney Corners Camp
4:00-6:00PM	Tour Camp Becket and Chimney Corners Camp
6:00-8:00PM	Dinner at Camp Becket
8:00PM	Good Night!

Wednesday September 16th

8:00AM	Breakfast at Camp Mah-Kee-Nac
8:30-10:30AM	Tour Camp Mah-Kee-Nac
10:30-11:00PM	Travel to Camp Taconic
11:15-12:45PM	Tour Camp Taconic
1:00-3:30PM	Lunch and Tour of Camp Danbee
4:00PM	Safe ride home!

We will be having special guided tours for camp maintenance staff by host camps' maintenance personnel. You just need to indicate who your maintenance staff is on the registration form



RESIDENT CAMP CONFERENCE

Tuesday September 15th - Wednesday September 16th, 2009
HOSTED BY: Greylock/ Camp Becket / Chimney Corners Camp /
Camp Mah-Kee-Nac / Camp Taconic and Camp Danbee

Registration Form

Camp Name: _____

Director: _____

Staff Person: _____

Assistant Director: _____

Staff Person: _____

Maintenance Staff Person: _____

Staff Person: _____

Maintenance Staff Person: _____

Staff Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

REGISTRATION FEES:

ACA Member \$85.00 per person (includes food)

ACA Non-Member \$95.00 per person (includes food)

ACCOMODATION FEES:

Hampton Inn & Suites Lenox/Berkshires

\$99 for Single King or Double Queens

Call 413-499-1111 for Reservations

Mention the American Camp Association for Conference Rate

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Registration Fee: \$ _____

Contribution to ACA Annual Fund \$ _____

Total: \$ _____

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

CREDIT CARD PAYMENTS 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 Resident Camp Conference

1375 Broadway - 4th Floor, New York, NY 10018 / Tel: 212-391-5208 - Fax 866.553.9264