



ATLANTIC DIVISION
of the
American Canoe Association
www.aca-atlanticdivision.net
P.O. Box 281
Sloatsburg, NY 10974-1100



Selection & Evaluation Chair
PO Box 281
Sloatsburg, NY 10974-1100

CAMP FACILITY APPLICATION for an INDIVIDUAL MEMBER
Due December 31st

(Applicant may be rated as fully qualified, partially qualified or not qualified.)

1. Name: _____ E-Mail Address: _____
2. Address: _____ Phone: _____ 3.
3. Preference: ___ Cabin, ___ Tentfloor, ___ No preference
4. Category of Applicant. Please check one:

An Individual Atlantic Division Member who has been a member for 36 continuous months prior to application, who is at least twenty-one years of age, and who has never had a multi-year cabin assignment. Also included in this category are those who meet all other qualifications and who have had only a previous tent floor assignment.

An Individual ACA Member who has had a prior multi-year assignment to a cabin.

An Individual ACA Member who is at least twenty-one years of age, who does not meet the basic qualifications for multi-year facility assignment and who is seeking a one-year cabin or tent platform assignment.

.5. In each of the 3 years prior to application, applicants must have served as a working member of an ACA committee (Executive, National, Divisional or Camp Committee or their subcommittees) or as an organizer of one ACA activity per year at Lake Sebago involving at least ten ACA Members. Please attach a full report of your activity. Summarize below your work for an ACA Committee or your work to organize an ACA activity at Lake Sebago in the following years.

A. (Yr 1) _____

B. (Yr 2) _____

C. (Yr 3) _____

Please attach additional details and mark the attachment, Item #5.

6. No more than one member of a family, that is, spouse, parent, grandparent, child, grandchild, sister or brother may have a multi-year assignment in the Camp at any one time. Please list any family members who are currently assigned a facility. Please list any family members who are currently applying for a facility. If, none, please indicate "none."

List family member(s) _____ or
None _____ (Check)

7. Please attach two (2) letters of recommendation from current members of the ACA. (Identify members who have written your letters of recommendation below) **The letters must support the applicant's statements of activity for the ACA, with reference to approximate date, place and events.**

Name _____ Name _____

8. Applicant acknowledges that the Atlantic Division may audit and verify information submitted with the cabin or tent floor application. Any information which is false or misleading may disqualify the applicant from assignment to a cabin or tent floor for a period of up to four years. The purposes of the American Canoe Association (ACA) Atlantic Division Camp are first, to promote the programs of the ACA and second, to provide the members of the ACA Atlantic Division and their guests with opportunities to engage in canoe sport. Failure to follow Camp Rules may result in the revocation of assignment.

9. Signature: _____ Date: _____

Please mail this form and attachments by 12/31 to
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