

# Camp Lou Henry Hoover, Middleville, NJ Family Camp

# August 23rd to September 2nd, 2024

Looking for a getaway for the whole family? Want to spend your time outdoors? Does your family enjoy swimming, hiking, cooking out and being together?

Camp Hoover has the program you are looking for—Family Camp!

*There's plenty to do!* We provide a fully staffed and guarded waterfront for boat races, swimming, fishing, boating, building sand castles and just relaxing. You can hike through 340 acres of woods and hills – access to the ropes course, Townley Hall, sports equipment at the Playfield and Geo Caching. Enjoy cooking out! Participate in our evening program, which include campfires, games, and more on the weekends. We offer children's morning craft programs, archery instruction, and low cost sailboat, canoe, rowboat and funyak rentals.

*Additional activities* include nearby Swartswood State Park, which offers hiking trails and more. Take a day trip to the Delaware Water Gap, Stokes State Forest, Buttermilk Falls, Sunrise Mountain, Peter's Valley Craft Village, the Appalachian Trail, Wild West City or the outlets in Pennsylvania. Then there is always nearby Spring Valley Farms for a morning of horseback riding. Information and directions are available at Camp Hoover.



**PICK YOUR SITE:** Camp Hoover offers a variety of living facilities for your getaway including spacious cabins, cozy buildings with fireplaces, private cabins, platform tents, and pitch your own. Fees below are for one night, three nights, or five nights. The longer you stay, the greater the discount. Priority will be given to families registering for longer stays. Help is available for first time campers.

#### Cabins:

## Heronwood or Evergreen (Accommodates 25-30 people)

Each cabin has a full kitchen, large main room, three sleeping rooms, bathrooms and decks. All kitchenware, bunk beds, tables and chairs are provided. Outdoor fire circles and indoor wood burning stoves.

\$450/per night - \$1200/3 nights - \$1800/5 nights



Berry Hill or Sinawik Lodge (Accommodates 15-18 people.) Each cabin has a full kitchen, large main room, bathrooms and outdoor space. Berry Hill has three sleeping rooms and Sinawik four sleeping rooms, Fireplaces and outdoor fire circles.

\$350/per night - \$900/3 nights - \$1200/5 nights

*CIT Cabins:* (Accommodates 6 people each) Bunk beds, mattresses, electricity, indoor bathroom and full kitchen. Outdoor fire circles, porches and close parking.

\$100/per night - \$250/3 nights - \$375/5 nights

### Tent Unit/Pitch Your Own:

### *Unit Cabins* (Accommodates 6 people each)

Cots, mattresses, screens and electricity. Shared use of program shelter with tables and benches, bath houses with hot showers, outdoor cooking and refrigeration available.

\$100/per night - \$250/3 nights - \$400/5 nights



*Unit Platform Tents: (Accommodates 4 people)* 4 cots and mattresses. Shared use of program shelter with tables and benches, bath houses with hot showers, outdoor cooking and refrigeration available.

\$90/per night - \$225/3 nights - \$350/5 nights



<u>Pitch Your Own Tent:</u> (price is per person) Shard use of shelter with toilets and running cold water, covered shelter for eating, outdoor fire circles.

\$10/per night - \$25/3 nights - \$35/5 nights

A confirmation packet and additional information will be emailed on or about August 1, 2024. For more information about Camp Hoover please go to <a href="www.gshnj.org/camp">www.gshnj.org/camp</a>. Please direct all questions to Deb Hooker at <a href="mailto:dhooker@gshnj.org">dhooker@gshnj.org</a> or 973-383-3220.



Registration for Family Camp 2024 Camp Lou Henry Hoover Please return by August 15, 2024 to: rentals@gshnj.org

| Name:   |   |  |  |                                      |
|---|---|--|--|--------------------------------------|
| Address:  |   |  |  |                                      |
| City/State/Zip:   |   |  |  |                                      |
| Phone Numbers: Cell:  |   |  |  |                                      |
| Email:  |   |  |  |                                      |
| Total # of adults   | _ Total # of childrer   | 1  | _  |                                      |
| LODGING REQUEST: Date of A  | Arrival:Date  | of Departure: _                              | Total # of n                                 | ights:                               |
| Please indicate your site choice  | e <b>:</b>  |  |  |                                      |
| Cabins:HeronwoodEv  | vergreen  | Berry Hill _                                 | _Sinawik Lodge                               |                                      |
| <b>CIT Cabin:</b> #1#4 (all c   | cabins sleep 6 and ha   | ve full kitchens                             | with stoves)                                 |                                      |
| Tent Units: Hickory Hill<br>1 <sup>st</sup> Choice  |   | _  | _  |                                      |
| Unit Platform Tent - 4 pe   |   |  |  |                                      |
| Pitch your own tent:# (   | of people   |  |  |                                      |
| First time camping for our fan  | nily?   |  |  |                                      |
| Enclose a \$125.00 non-refundable <b>Balance is due by August 15, 202</b> 4 fees ie: archery, crafts, boats, etc. changes must be made before that reservation. | <ol> <li>Final payments will<br/>All reservations receiv<br/>at date in writing. All</li> </ol> | be managed after<br>ed after <b>August 1</b> | your stay and will in<br>, 2024 should be ma | nclude all other<br>ade in full. Any |
| Payment Method:Visa   | MasterCard  | Discover                                     | American                                     | ı Express                            |
| \$125 deposit or full fee of  | if less than \$125 er   | nclosed will be c                            | harged                                       |                                      |
| Card #  | Exp.l   | Date   | Billing Zip Code                             |                                      |
| Security Code   | Cardholder's Name   |  |  |                                      |
| Signature   | Date  |  |  |                                      |
|   |   |  |  |                                      |

Attendees: List all attendees in your party. Please include the name of an emergency contact and phone number: Name of Attendee **Emergency Contact Emergency Contact Phone** For additional names, please attach a sheet of paper. Participant Waiver of Liability I/We hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to the attendees which might arise directly or indirectly as a result of, and or participation in the Camp Hoover program. I/We hereby expressly release, discharge and hold harmless from any liability whatsoever the Girl Scouts Heart of New Jersey and all employees and volunteers in their capacities as representatives of GSHNJ. Except for injuries caused intentionally, or by willful misconduct, I/We certify that I/We are familiar with the contents of this release, that I/We have read and understand the same, and that it is my/our intention by signing this release that the same is binding not only of me/we, but my/our heirs, administrators, executors, successors and assigns. Signature\_\_\_\_\_Date\_\_\_\_ Participant Program Understanding I/We understand that this is a family event and we are responsible for the supervisor our children and those in our party. I/We understand that groups will be consuming alcohol on site and I/We need to be responsible in these actions. Signature\_\_\_\_\_\_Date\_\_\_\_ Participant Photo and Statement Release Periodically, Camp Hoover and Girls Scouts Heart of New Jersey uses photos and statements made by participants in the Camp Hoover programs for newsletters, fund raising efforts, brochures and articles about Camp Hoover and GSHNJ. All photos and statements are used with reasonable judgment for purposes directly relating to the operations of GSHNJ. This signed form gives GSHNJ permission by the signer to utilize participant photos or statements for the purposes mentioned above. Signature Date **COVID-19 Waiver and Liability** I/We hereby understand and accept all precautions and safety measures that have been put in place due to COVID-19. I/We will abide by these measures including, but not limited to, monitoring ourselves for symptoms of COVID-19 including fever, cough, loss of taste or smell, or sore throat, etc; using proper personal protection equipment and hand washing techniques; and self-selecting out of the event if anyone believes they were exposed to novel coronavirus. I/We understand the need for these procedures and will respond to a prescreening checklist that all members of our family group will adhere to. Date 2024 page 4 of 5

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