PSWD SENIOR HIGH CAMP SUMMER 2017



CAMPER PACKET CAMP DE BENNEVILLE PINES

Camp JUUstice League Greetings Campers!

We, the Super Deans, are SUPER excited to welcome you to Camp JUUstice League! Much like the Flash, camp is speeding towards us and will be here in the blink of an eye. With that in mind, it's time to start preparing for camp. We are all going to be a part of an action packed week full of programming centered on being an everyday hero in today's world. This will include a guest speaker (WOW!), workshops (BAM!), a talent show (BIFF!), and you! Here's what you'll need along the way:

"Holy preparedness Batman! You even brought the shark repellant?" "Of course I did Robin, I never leave home without it."

Okay, you won't actually need shark repellant, but there are a lot of things to bring up. First, and most importantly, is all of the paperwork that needs signing in the camper packet. (You won't be able to be at camp without it!) This includes a signed "Youth Code of Conduct" agreement, your parent/guardian's signed "Authorization to Treat Minors" health form, all medications, shot records, a copy of your insurance cards, and your camper profile, which is now an online form that can be found <u>here</u>. If you are bringing medications, make sure they are in their original prescription bottle, and not transferred into any other container. We also recommend that you bring up a water bottle, a jacket for the evenings, and make sure you're wearing closed toed shoes. We're also going to be collecting energy efficient light bulbs for places around camp that need them, so if you are able to, please bring some LED bulbs up to camp(it's our service project).

Now, with that out of the way, let's talk about the amazing time that we will have at camp. Just as Superman stands for truth, justice, and the American way, we will be delving into the Seven Principles and how they can be used in our everyday lives to help save the world. This includes a talent show that we encourage you to take part in, workshops set up by our super staff and you if you so choose, a dance at the end of the week (bring your fancy gear!), and an auction that you can either buy from or enter a piece into (or both!). All sorts of things can be auctioned off at camp including art, writing, music, storytelling, trinkets, and just about anything else that you can bring to camp. All proceeds from the auction will go towards the Sr High Camp Scholarship Fund, which allows more people to be able to come up to camp.

Added on to all of that, we will be hosting Aquaman's Poolympics (so bring a bathing suit), Night Crossing with Batman (bring dark clothes), and archery where you can learn to be like the Green Arrow. On Monday we will be taking part in an anti-racism/anti-oppression workshop using the ideals of Wonder Woman. On Wednesday we will also be hiking out to Jenks Lake, where we will be canoeing, eating dinner, and just generally bonding more in the forest. You will also have the chance to be a part of a chaplain training course, and maybe even chaplain at a future camp! More information will be in this camper packet.

This camp is all about creating a team of heroes that can help save the world in their own communities, we are therefore looking forward to meeting every single one of you and helping to form the bonds of friendship that everyone needs (Super Heroes and non-Super Heroes alike). So pack your bags and get ready for camp! Drop off is on July 23, 2017 between 2:00 PM and 5:00 PM. Pickup is on July 29, 2017 between 11:00 AM & 12:00 PM. There is no staff available at camp after 12:30 PM so please make sure your ride is there by 12:00 PM on Saturday the 29th, at the very latest.

All of us are going to have a super time, and we can't wait to see you there.

Sincerely, Devon, Lucas, Riley, and Lauren

Sr High Camp Summer 2017

Arrival and Departure Times:

Check in will be from 2:00pm to 5:00pm on Sunday, July 23rd 2017. Please be sure to bring all completed forms with you at that time.

If your camper is riding with another family, be doubly sure that all the forms are completed and that they arrive with your child. No one may remain in camp without all forms completed and signed by his/her parent or guardian.

Please pick up your camper between 11:00am and 12:00pm on Saturday, July 29th. **Attending the camp closing is an important part of the camp experience. Please do not pull your camper out of the closing. Coffee and restrooms are available at the lodge if you arrive before the closing has finished.** The last meal served will be breakfast on the 29th so please feel free to pack a snack or lunch for your camper to enjoy in the car. There will be no supervision provided after 12:30 on the day of departure.

Arranging Transportation:

If your camper needs a ride to camp or you can offer another camper a ride, please send a message explaining your need, and the area you can offer a ride to or from, to registrar@uucamp.org. The registrar will send your request and contact information out via an email message to other campers attending from your area.

Health and Safety:

Enclosed are several forms. **The forms must be filled out completely.** No camper may check in without having **ALL** forms completed and signed by a parent or guardian. Please fill out the appropriate health form. Two choices are included in this packet. **NO EXCEPTIONS.** Campers without completed forms will not be allowed to stay at camp.

De Benneville Pines Camp Policy:

We are dedicated to providing a safe and fun community for youth and staff. Disruptive items and behavior threaten the peace and safety of the community. We therefore have rules that we ask all campers and staff to adhere to. Campers and staff are expected to abide by these rules or they will be sent home. Please review with your camper the "PSWD YoUUth Camp Behavior Policies" included in this packet, then have your camper read and sign the "Youth Code of Conduct Agreement". Parents need to read and sign the "Parent Accountability Statement", also enclosed. The guidelines and rules will be reviewed with the camp community on the first day of camp.

Registration Refund Policy:

Should your camper need to cancel prior to arrival for any reason, the \$75 deposit is non-refundable. If your camper needs to leave camp early for any reason, the full camp fee is non-refundable. In some instances, camp fees may be transferable to a future PSWD Youth Camp.

Theft and Missing Articles Policy:

Neither the camp, nor its employees will be held financially responsible for any lost or stolen clothing, articles, or money. Please send only used or worn equipment to camp. We encourage campers to leave valuable items and new clothing at home. Should your camper have a tendency to misplace things, please mark their name on all items. Any Lost & Found articles are held at camp for four weeks and will be shipped at the owner's expense. All unclaimed Lost & Found items will be donated to local needy families.

Telephone Policy:

Please allow your camper to adjust to camp without phone calls from home. Campers are rarely near a phone and it can be difficult to locate them quickly. Non-emergency calls are highly discouraged. Please do not ask your camper to call home. Unnecessary phone calls can disrupt your camper's emotional state and make him/her homesick. Encourage your camper to write postcards or letters and send them mail from home. If you have an emergency, please call the camp office at 909-794-2928.

Camp Store:

The De Benneville Pines Trading Post sells souvenirs, sundries, camp shirts and snacks. It will be open each day after lunch. The store will be open during check out for the convenience of parents and campers. Camp t -shirts and sweatshirts can be purchased at that time. Campers will receive a camp photo upon check out. The cost is included in the registration fee.

If you have any questions or need clarification about the policies and procedures in this packet, please feel free to contact Geoff Anderla, the Camping Ministries Director at pswdcmd@gmail.com or 623-252-5619.

YOUTH CODE OF CONDUCT AGREEMENT Senior High Summer Camp 2017

I have read and understand the rules of camp and agree to abide by them while in attendance at camp. I agree to accept established consequences in the unfortunate event I violate these rules or engage in any activity or behavior which is disruptive to the camp community. Furthermore, I pledge to be an active participant in the building and nurturing of a loving spiritual community and to conduct myself in a manner which is respectful of myself and others.

| Signature of Camper | Date | Age | Birth date |
|---------------------|--------------|-----|------------|
| Camper Email: | Camper Cell: | | |

PARENT ACCOUNTABILITY STATEMENT

I am aware my child/ward will be attending the PSWD Senior High Youth Camp between the dates of <u>July 23, 2017</u> and <u>July 29, 2017</u>. As parent/guardian of, _______. I have completely read and understand the rules for camp and am aware that there are set consequences for the violation of these rules. I agree that if my child does not comply with the rules of camp as published and posted at camp, I will arrange for the prompt departure of my child without refund of any camp fees.

Furthermore, should my child be responsible for damaging the camp, its equipment, or the property of another camper, I will pay to replace or repair said property.

Should my child, for any reason, need to be sent home prior to the closing date/time of camp, and I am not available to pick up my child, the name of the responsible adult with whom the camp staff may release my child is:

| Full Name of Adult in case of Parent/Guardian not available | Relationship |
|---|--------------|

Best Contact Phone Number(s):

I have contacted said person, and they have agreed to be responsible in my absence.

| Signature Parent/Guardian | Date |
|---------------------------|------|
| Email: | |

I give my permission for my child to be photographed or videotaped participating in camp activities and for the photos/video to be used in Camp de Benneville Pines and PSWD publications/promotions.

Initials

Date

I give permission for my child to be contacted by Camp de Benneville Pines via email and/or Facebook to receive camp newsletter and camp related information.

Initials

Date

PACIFIC SOUTHWEST DISTRICT YOUTH CAMP BEHAVIOR POLICIES

- 1. All camper housing is in single-sex cabins.
- 2. Curfew is defined as the time after which all campers are to be in their own cabins. Lights Out for Sr High youth camp is 12:00 AM To 7:30 AM.
- 3. Campers may not leave the campgrounds at any time during camp without the permission and supervision of adult staff. No group smaller than four people may leave the premises for any reason.
- 4. The water tower, staff housing, interior kitchen, pool pump room, maintenance buildings, propane tanks, sewer plant/leach fields and any construction sites are off limits to all campers. Use of a camp landline and/or wood burning stove requires adult permission and supervision. There is no use of the First Aid Station without the supervision of a trained adult staff member.
- 5. No visitors are allowed during camp. This includes unannounced family members, former campers, and former staff members. Any visits must be pre-arranged and approved by the Dean and/or Camping Ministries Director. All pre-arranged visitors must check-in upon arrival and wear a VISITOR BADGE while in camp.
- 6. Attendance at workshops, worships and meals is expected.
- 7. Campers are asked to respect each other and the belongings and privacy of other campers and staff. The campgrounds and camp equipment should be used in the intended manner. NO PRANKS.
- 8. Dangerous or disruptive behavior of any kind will not be tolerated; any camper engaging in such will be immediately sent home. This includes the use of rude and abusive language.
- 9. **Closed toed shoes must be worn when a camper is outdoors.** Open toed shoes are only permitted in showers and at the pool. Campers may walk to and from the pool in open toed shoes yet carry closed toe shoes with them in case of emergency evacuation, or schedule change.
- 10. No tree climbing or rock throwing.
- 11. No youth camper may use the hot tub at any time, under any circumstances. Proper swimsuit attire is required for swimming; no street clothes are permitted in the pool.
- 12. No one is allowed in the kitchen without a valid food handler's card.
- 13. No drugs, alcohol or weapons are allowed at camp. All prescription and over-the-counter medications must be turned in to our Camp Nurse during camp check-in. The use of all medications is to be monitored by the camp health professional and adult staff. Medications must be in their original packaging.
- 14. Campers may not engage in sexual activities while at camp.
- 15. PSWD Youth Camps are SMOKE FREE. Campers and staff may not smoke at camp. This includes vape pens and e-cigarettes.
- 16. No hair dye or permanent inks or hennas allowed inside cabin bedrooms, bathrooms or kitchens. Use only at the arts/crafts area.

Any camper unable to abide by these policies will be asked to leave camp immediately, without benefit of any refund, and may be restricted from participating in future PSWD events.

Chaplain Training at Camp JUUstice League!

Are you interested in learning skills to better improve your empathy? Do you want to learn what it means to be a

chaplain?

If yes than join us for this great opportunity to develop your chaplain skills at Camp JUUstice League!

For only \$35 learn how to have the sUUper powers of chaplains!

Become an emotional jUUstice warrior!

Participants will learn to have the following super powers:

-Active Listening -Team Work - Non-directive Helping -Being a caretaker of the YRUU Community

This training will be happening during camp on Monday through Friday from 9:15 am to 11:00 am, with another hour in the afternoon. Training will not start until after hot breakfast and participants no longer have to wake up early. In order to be Chaplain certified you must attend all 15 hours of training. The training is limited to 20 participants and registration will fill up so register ASAP to ensure your space. To register bring payment with you to registration to camp. Make checks payable to PSWD.

Questions? Contact your facilitators:

Youth Leader – Erin Swift- SWIFTERINJ@gmail.com

Adult Leader - Mary Carter-Vail - SummitDRE@gmail.com

Notes from the Camp Nurse



Hello!

Camp is only a few days away and here are some reminders:

- 1. Remember to bring a copy of your child's complete immunization record (or waiver form) AND a copy of the front and back of your child's insurance card. These items must accompany "Health History Form & Authorization to Treat".
- 2. MEDICATION Please bring all prescription and over-the-counter medications in original, properly labeled containers. Bring medications with you to the registration table so they can be registered with the Camp Nurse and transferred to the infirmary. Rescue inhalers (Albuterol) may be kept with the camper, but please notify the nurse that the camper has the inhaler.
- 3. ALLERGIES If your child has an allergy, especially bee stings or peanuts, make sure you bring a supply of Benadryl[®] and an Epi-Pen (twin pak)[®]. The EMS response time is 30 minutes so each camper needs two (2) Epi-pens for safety.
- 4. ASTHMA & HAYFEVER Even if your child has not had to use their Albuterol inhaler or Antihistamine for some time, camp is the place they will probably need them. Inhalers can be kept with the camper or in the Infirmary. Antihistamine medication is kept in the infirmary.
- 5. BEDWETTING It happens! No worries. If your child requires special accommodations, please feel free to call me at the number below to discuss your camper's unique needs. And send along a plastic sheet to protect the mattress.
- 6. ADHD/MENTAL HEALTH NEEDS I recommend that campers continue medications for ADHD and mental health needs while at camp. We are quite busy at camp, with planned activities throughout the day and evening, so medications that are useful at school and home can also help your child be successful at camp.
- 7. SPECIAL DIETS While the fabulous kitchen crew can accommodate many dietary needs or preferences (i.e. vegan, vegetarian, gluten-free), it's always a good idea to send food items to camp to supplement a limited diet plan (i.e. Gluten free breads and cereals). These items can be stored in the kitchen and lodge refrigerator. Please don't send food to camp unless your child has dietary issues. We feed kids well! Multiple food allergies can be difficult to accommodate, so please send some favorite alternatives.
- 8. PHONE CALLS Please allow your camper to play and explore camp without having to check in with you each day. Keep cell phones at home, and we will call you if there is a problem.

And, speaking of calling.....during camp, please feel free to call me at the number below, from 7 am through 10 pm, Pacific Standard Time. If there is no answer, leave a message and I will call you back. If you would like to call me before camp begins, feel free to reach me from 7:00 am through 10:00 pm CST. I live in Wisconsin which is two hours ahead of Pacific Standard Time.

Thanks!

Rebecca Swenson, APNP, MSN, Camp Nurse Phone: 262-909-5415

| lealth Histo | v Form & A | uthorization to | Treat for children a | ttending Cam | p de Benneville Pir |
|--------------|------------|-----------------|----------------------|--------------|---------------------|
|--------------|------------|-----------------|----------------------|--------------|---------------------|

The information on this form is gathered to assist us in identifying care your child may need while at camp. Please provide complete information so that the camp can be aware of your campers needs.

| Camper Name | First | Middle | Birthdate | Age at ca | amp |
|---|--------------------------------|---|---|---------------|------------------|
| Address | | | | | |
| Street Address | | | City | ST | Zip |
| Custodial Parent/Guardian | | | Home phone | | |
| Cell phone | | | Business phone | | |
| | Will ye | ou be out of town w | hile your child is at camp? | Y / N | |
| Additional Parent/Guardian or I | Emergency C | Contact (Required)_ | | | |
| Home Phone | (| Cell phone | Busine | ss phone | |
| If not available in an emergen | ıcy, notify: | | | _Relationship | |
| Home Phone | | Cell phone | Busine | ess phone | |
| | | | | | |
| Insurance Information | Is campe | r covered by family | medical/hospital insuranc | e? YES / I | NO |
| If yes, carrier or group name | | | G | roup# | |
| А | ttach photoc | opy of front and bad | ck of health insurance card | to form | |
| IMPOR Parent/Guardian Authorization | | | st be complete for at | | |
| arrange necessary related trans permission to the physician sele named above. This complete for | ected by the c rm may be pl | camp to secure and hotocopied for trips | l administer treatment, incl out of camp. | | |
| Signature of parent/guardian | | | | | |
| Printed name | | <u></u> | | Date | |
| I understand and agree to abide | e by any restr | rictions placed on m | y participation in camp ac | tivities. | |
| Signature of minor | | - | | | |
| * If for religious reaso | ons vou cannot | sign this, contact the | camp for a legal waiver which | | |
| Restrictions (the following restrictions | - | | | | |
| Does not eat: Red Meat Po | | | | ar (describe) | |
| Explain any restrictions to activity | | - | 00 | | |
| | | | or miniation of a cine coord y/ | | |
| | | | | | |
| Alloraios List all known | D | | | | |
| Allergies - List all known | | escribe reaction and | d usual management of re | action | |
| Allergies - List all known Medications: | | escribe reaction an | d usual management of re | action | |
| Medications: | | escribe reaction an | d usual management of re | action | |
| - | | escribe reaction and | d usual management of re | action | |
| Medications: | | | d usual management of re an epi pen to be close at all tir | | send one to camp |
| Medications: Foods: Other: (include insect stings, hay fever, as | | | | | send one to camp |
| Medications: Foods: Other: (include insect stings, hay fever, as | | | | | send one to camp |

Cabin_

Camper Name_

FORM 4 (2 of 2)

Medications being taken

С

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

| rcle one: | the camper take | es NO medications on a routine | basis | the camper <i>takes medications</i> as follows: | |
|-----------|-----------------|--------------------------------|--------------|---|--|
| Med #1 | | Dosage | Spec | ific times taken each day | |
| Reason | for taking | | | | |
| Med #2 | | Dosage | Spec | ific times taken each day | |
| Reason | for taking | | | | |
| | | Attach additional pa | ges for more | medications | |

General Questions (explain "yes" answers below)

| 1 | Had any recent injury, illness or infectious disease? | Υ / | Ν | 16 | Ever had a back problem? | Υ | / | Ν |
|----|---|-----|---|----|---|---|---|----|
| 2 | Have a chronic or recurring illness/condition? | Υ / | Ν | 17 | Ever had problems with joints (e.g. knees, ankles)? | Υ | / | Ν |
| 3 | Ever been hospitalized? | Υ / | Ν | 18 | Have an orthotic appliance being brought to camp? | Υ | / | Ν |
| 4 | Ever had surgery? | Υ / | Ν | 19 | Have any skin problems (e.g. itching, rash, acne)? | Y | / | Ν |
| 5 | Have frequent headaches? | Υ / | Ν | 20 | Have diabetes? | Y | / | Ν |
| 6 | Ever had a head injury? | Υ / | Ν | 21 | Have asthma? | Y | / | Ν |
| 7 | Ever been knocked unconscious? | Υ / | Ν | 22 | Had mononucleosis in the past 12 months? | Y | / | Ν |
| 8 | Wear glasses, contacts, or protective eyewear? | Υ / | Ν | 23 | Had problems with diarrhea/constipation? | Y | / | Ν |
| 9 | Ever had frequent ear infections? | Υ / | Ν | 24 | Have problems with sleepwalking? | Y | / | Ν |
| 10 | Ever passed out during or after exercise? | Υ / | Ν | 25 | If female, have an abnormal menstrual history? | Y | / | Ν |
| 11 | Ever been dizzy during or after exercise? | Υ / | Ν | 26 | Have a history of bed-wetting? | Y | / | Ν |
| 12 | Ever had seizures? | Υ / | Ν | 27 | Ever had an eating disorder? | Y | / | Ν |
| 13 | Ever had chest pain during or after exercise? | Υ / | Ν | 28 | Waived or missed any scheduled immunizations? | Y | / | Ν |
| 14 | Ever had high blood pressure? | Υ / | Ν | 29 | Ever had emotional difficulties for which professional help was sought? | Y | , | N |
| 15 | Ever been diagnosed with a heart murmur? | Υ / | Ν | 29 | Ever had emotional difficulties for which professional help was sought? | | ' | IN |

Please explain any "yes" answers, noting the number of the questions:

| Name | of family physician | Phone |
|------|--------------------------------|-------|
| Name | of family dentist/orthodontist | Phone |

Use this space to provide any additional information you believe the camp staff should be aware of regarding the campers behavior and

physical, emotional, or mental health:

Authorization to Treat During Transportation/Carpooling to Camp

Permission Form:

My child/ward has permission to travel to and from Camp de Benneville Pines near Angelus Oaks, California. I understand that the camp is not responsible for the safety of my child until my child has been properly checked in at the time of registration. Furthermore, once my child checks out of camp on the final day, the camp is no longer responsible for the safety of my child. Unless otherwise contacted by me, my child has permission to carpool to and from camp with the following adults (*please include names of all adults permitted to pick your child up from camp, including parents*):

| Name | Home Pho | ne | Cell Phone |
|------|------------|------------|------------|
| Name | Home Phor | ne _ | Cell Phone |
| Name | Home Phone | Cell Phone | |
| Name | Home Phone | Cell Phone | |

Emergency y Authorization to Treat:

I hereby give permission to the medical personnel selected by my child/ward's driver to order x-rays, routine tests and treatment for my child/ward; and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the driver of my child/ward to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child/ward named above. This form may be photocopied. I recognize that neither de Benneville Pines, Inc., nor the Pacific Southwest District of the Unitarian Universalist Association is responsible for persons car pooling to or from camp.

| Signature of parent/guardian | Date | | | |
|---|-----------------|--|--|--|
| During the times my child will be transported to and from camp, you should be able to reach me: | | | | |
| To Camp - Phone | Alternate Phone | | | |
| From Camp - Phone | Alternate Phone | | | |

Emergency Information Form – Adults at Camp de Benneville Pines

| Name | | DOB |
|---|--|---|
| Address | City | STZip |
| Home Phone# | Cell Phone# | |
| Medical Insurance Company | Pho ne# | |
| Policy# | Group# | |
| Emergency Contact (not at camp) | | |
| Name | Phone#1 | |
| Phone#2 | Email/SMS | |
| My immunizations are up-to-date YES NO | Date of last tetanus shot | |
| Known allergies to food, medication and/or anesthetics, env | ironmental factors (use other si | de for additional information): |
| Known medical problems/conditions and medical treatment | that may be needed at camp (u | use other side for additional information): |
| Please list all medications; OTC & RX that you will be taking | ng while at camp (use other side | for additional information): |
| I understand that if I become injured or ill while at camp, the bounds of that available in our wilderness setting. Due to de 12 hours may be asked to leave camp, and may return only take 45 minutes or more for paramedics to respond to a 911 can take substantially longer. I agree to follow the safety r This form is for use by the Health Supervisor during camp only. Afte Option 1 | e Benneville's isolation and elev with authorization from a phy l energency call. If road condi ules of the camp. | vation, any camper remaining ill for more than sician. I have been made aw are that it can tions are icy or hazardous, it |
| I hereby give permission for the camp first aid person to pa x-rays or routine tests. I agree to the release of any record I give permission to the retreat organizers or the camp sta hereby give permission to the physician selected by the hospitalization. | ls necessary for treatment, refe aff to arrange necessary relate | rral, billing or insurance purposes. Ed transportation. In the event of an emergency, I |
| Signature of Adult Camper/Participant | | Date |
| Option 2 | | |
| Although I understand that my medical information is be emergency, loss of consciousness or inability to make a impossible for the Health Supervisor to provide appro- information. | decision on my own, and th | at not having this information may make it |
| Signature of Adult Camper/Participant | | Date |
| Revised 1/2015 | | |



What to Bring

Please pack the following items to ensure you have a safe and enjoyable time at camp:

- Hat with brim, sunglasses
- Long pants
- Long-sleeved shirts, T- Shirt
- Comfy pants
- Sweatshirt, sweater, jacket
- PJ's
- Tank top/ Shorts/ Skirts
- Clean underwear
- At least 6 pair of socks
- Two pairs of closed toed shoes suitable for hiking
- Sleeping bag or sheets & blanket
- Pillow
- Bug Spray/ repellant
- Talent show items
- Dress-up clothes for Friday dance

- 2 towels- 1 for swimming pool
- Bathing suit
- Dirty clothes bag
- Prescription meds in original med bottle
- Soap, shampoo, comb & hairbrush
- Toothbrush & toothpaste
- Sunscreen and lip balm
- Books, jokes, skits, stories, games
- Camera and fresh batteries
- Flashlight and fresh batteries
- WATER BOTTLE- to refill
- Flip flops for pool
- Costumes, silly hats, etc for themed meals

Bring two (2) all white 100% cotton items in large ziplock baggie for tie-dying.

Leave cell phones and electronic games at home!



If you need to reach camp, here are some handy numbers:

Janet James, Camp Manager, cell phone (909) 435-6298 Randy Carroll-Bradd, Camp Caretaker, cell phone (210) 216-6125 Camp Office (909) 794-2928 Camp Lodge (909) 794-8712 Camp email: <u>uucamp@aol.com</u> Camp website: www.uucamp.org Directions on website: <u>http://www.debenneville.org/Information/Directions2Camp.html</u> Camp Address: 41750 Jenks Lake Road-West, Angelus Oaks, CA 92305

DIRECTIONS



- Arizona: Take the I-10 West to Oak Glen/Live Oak Canyon Rd. Turn right on to Oak Glen Rd. Follow the road across Yucaipa Blvd and continue to Bryant St., turn left and go to Hwy 38. Turn right. Follow the directions **IN BOLD below** from Hwy 38.
- **Orange Co:** Take the 91 Freeway toward Riverside until it becomes the I-215 East toward San Bernardino. Take the I-10 East to Redlands. Follow the instructions **IN BOLD below** from Redlands.
- Las Vegas: Take the I-15 South to San Bernardino. Take the 210 (formerly Hwy 30) East to Redlands. Exit at San Bernardino Ave. Go through the light to the next street, Lugonia/Hwy 38. Turn left and follow the directions IN BOLD below from Hwy 38

SanTake the 101 East to the 134 East to the 210 East. In Redlands, exit at San Bernardino Avenue.FernandoGo through the light to the next street, Lugonia/Hwy 38. Turn left. Follow the directions IN BOLDValley:below from Hwy 38.

- San Diego: Take the I-15 North to the I-215 East toward San Bernardino. In Moreno Valley take the 60 East to the Redlands Blvd exit. Turn left and go North on Redlands Blvd until it dead ends at San Timoteo Canyon Rd. Turn left and continue approximately 1 mile to Live Oak Canyon Rd. Turn right and continue over the 10 Fwy, where the name changes to Oak Glen Rd. Continue through Yucaipa to Bryant St. Turn left, continue to Hwy 38. Turn right. Follow the directions **IN BOLD below** from Hwy 38.
- Ventura: Take the 26 East to the 5 South to the 14 East. Exit for Pear Blossom Hwy/138 East. Go to the I-15 South, taking the 210/30 East to Redlands. Exit at San Bernardino Ave. Go through the light to the next street, Lugonia/Hwy 38. Turn left. Follow the directions **IN BOLD below** from Hwy 38.
- From I-10, take the University exit. Turn left on University. Turn right on Lugonia/Hwy 38.
 Follow Hwy 38 toward Big Bear, up into the mountains. At the road to Forest Falls, bear to the left, continuing on Hwy 38. At the top of the mountain, pass through the town of Angelus Oaks and continue another 5 ½ miles. Turn right on West Jenks Lake Road. The sign for Camp de Benneville Pines will be on the right approximately 1 ½ mile up. (If you see the sign for Seven Oaks on Hwy 38, you have missed the Jenks Lake turn. Go back to West Jenks Lake Road.)

