

## **Important Camper Information**

### **DROP OFF TIME & PICK-UP**

**Check-in will be held 2:00 PM – 5:00 PM on Wednesday, December 27<sup>th</sup>.**

Campers and Campers Youth Staff, be sure to have all three (3) forms completed prior to check-in. You will turn in two (2) forms at check-in and one (1) form will be completed and submitted online.

1. Youth Code of Conduct
2. Health History form and Authorization to treat children/youth attending camp
3. Camper Profile (online form to be submitted prior to camp startdate) **Click the link:**

**<https://docs.google.com/forms/d/e/1FAIpQLSdnh4kIVFTYakBiDxNebqOuRr2Z6mNsIhETrsOIRgY3DQXhQ/viewform>**

No camper may remain in camp without all three (3) forms completed and signed by parent or guardian.

**Please pick up your camper between 11:00 am and NOON on Monday, January 1<sup>st</sup>.**

The last meal served will be breakfast, so pack a snack or sack lunch for your hungry teen. There will be no supervision provided after 12:30 pm on the day of departure. 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 camper pick-up time.

### **PSWD CAMPING MINISTRIES STAFF**

Our camp is staffed by PSWD adult and youth volunteers. All staff are required to follow camp guidelines and behavior policies and will be held to the same accountability as all campers and site staff. **Camper Youth Staff are required to fill out the same forms as all CAMPERS, no exceptions.**

At Camp Training, Adult Staff will be required to complete:

1. Emergency Information Form – Adults at Camp de Benneville Pines
2. Code of Ethics
3. PSWD Rules and Behavior

### **TELEPHONE & ELECTRONIC DEVICES**

#### **Time to UNPLUG!**

Electronic devices close campers off to enjoying new opportunities and for this reason **we strongly encourage campers to leave phones and other digital technology at**

home. **However, we understand that some families may need a line of communication; therefore, sending a cell phone with a camper is a family decision. Please be aware that cellphone service on the mountain is spotty and may be unreliable. There is no internet connection and no phone or devices will be allowed during camp activities—they must be left in the cabins and used for family communication only. Digital gaming, texting friends, or other uses of “screen time” take campers away from the camp community and we are so looking forward to having your teen’s presence and participation! If you have an emergency or need to contact your camper urgently, please call the camp office at 909-794-2928 and leave a message or call the Camp Manager at 909-435-6298.**

### **CAMP MAIL**

It is always fun to get a little note from home while away at camp. Please plan ahead and mail your postcard or letter a few days before your camper leaves for camp. Please do not send food.

#### **Camp de Benneville Pines**

*Your camper’s full name*

**41750 Jenks Lake Road West**

**Angelus Oaks, CA 92305**

Include your camper’s full name to ensure delivery. The camp cannot guarantee faxed or emailed messages will be delivered.

### **ARRANGING TRANSPORTATION**

If your camper needs a ride to camp or you can offer another camper a ride, please send an email message explaining your need or the area from which you can offer a ride to: [registrar@uucamp.org](mailto:registrar@uucamp.org). The Registrar will be happy to send your request with your contact information out via an email message to all campers attending this camp event. Please make arrangements, as soon as possible. Last minute rideshare requests are rarely fulfilled.

### **HEALTH & SAFETY**

Enclosed are two (2) medical forms. No camper may check-in without having a completed medical form signed by a parent or guardian. Please fill out the appropriate health form. Two (2) choices are included in this packet, an ADULT form and a CHILD/YOUTH form. **All Campers and all Camper Youth Staff**, even if Camper is age 18, **will complete the two (2) page Health form for children**. Campers without completed forms will not be allowed to stay at camp. **NO EXCEPTIONS.**

### **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 "Youth 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 included "Parent Accountability Statement". The guidelines and rules will be reviewed 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 (4) weeks and will be shipped at the owner's expense. All unclaimed Lost & Found items will be donated to local needy families.

### **SNOW AND SNOW CHAINS**

It is the responsibility of the driver to carry chains when driving in the mountains if there is a chance of snow or icy conditions. It is also the responsibility of the driver to know how to install the chains to insure safe travel into and out of camp. Please read the enclosed information about winter travel to camp and come prepared.

### **DRIVING POLICY**

**Winter road conditions can be very icy. Many young drivers have never experienced driving in winter conditions and do not possess the skill level to navigate mountain roads in winter. Therefore, we require adult drivers to drop off and pick up our youth campers during the winter. Thank you for your understanding and for your cooperation. We want your child to be safe.**

If you need any further information, or clarification about expectations & policies within this packet, please contact Geoff Anderla, Camping Ministries Director at [pswdcmd@gmail.com](mailto:pswdcmd@gmail.com) or call 623-252-5619, or Janet James, Camp Manager, [director@uucamp.org](mailto:director@uucamp.org) or call 909-435-6298.

## YOUTH WINTER CAMP BEHAVIOR POLICIES

1. By default, campers are housed in single-sex cabins, however we do offer a gender neutral cabin. You can find out more information about this on the required Camper Profile Form or by calling Geoff Anderla, Camping Ministries Director at 623-252-5619.
2. Curfew is defined as the time after which all campers are to be in their own cabins.  
  
Curfew for Senior High Camp is 12:30 a.m. to 7:30 a.m. During this time, there is to be quiet in the cabin areas and on all trails.
3. Campers may not leave the camp grounds 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 the First Aid Station must be overseen by 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 camp facilities 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 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. All campers must sign the *Youth Code of Conduct Agreement* (INCLUDED IN CAMPER PACKET)
16. All parents must sign the *Parent Accountability Statement* (INCLUDED IN CAMPER PACKET)
17. **PSWD Youth Camps are SMOKE FREE. Campers and staff may not smoke at camp. This includes vape pens and e-cigarettes.**
18. **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.*

# YOUTH CODE OF CONDUCT AGREEMENT

## Senior High WINTER Camp 2016-2017

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 **December 27, 2016 and January 1, 2017**. 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

Senior High age campers have the option of participating in "rap groups" as part of daily programming. In "rap groups", youth and adults discuss issues campers are currently facing in their day-to-day lives, either at camp, school or home. Senior High Camps may offer mixed gender raps. Sometimes issues concerning drug use or sexuality arise, and the staff is mandated by law to report to legal authorities if they suspect a young person has been a victim of physical or sexual abuse, or if they believe a youth my plan to harm themselves or others. **By initialing here, \_\_\_\_\_ your child has permission to attend raps.**



## *Winter Camp*

### **What to Bring**

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

- Warm, waterproof jacket(s)
- Mittens
- Knit cap(s)
- Scarf
- Snow pants
- Long pants
- Long-sleeved shirts
- Sweatpants
- Sweatshirts
- Warm PJ's
- Underwear and at least 7 pair of warm socks (wool or acrylic)
- 2 pairs waterproof shoes/boots
- Sleeping bag
- Pillow
- Blankets
- 2 towels
- Dirty clothes bag
- Prescription meds in original med bottle
- Soap, shampoo, comb & hairbrush
- Toothbrush & toothpaste
- Lotion, sunscreen, lip balm
- Favorite music, instruments
- Costumes or dressy clothes for banquet
- Books, jokes, skits, stories, games
- Camera and fresh batteries
- Flashlight and fresh batteries
- Snow sleds
- Bike helmet with your name on it for sledding
- Chains!

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

Camp Manager, Janet James, cell phone (909) 435-6298

Camp Office (909) 794-2928 Camp Kitchen (909) 794-8712

Camping Ministries Director, Geoff Anderla, (623) 252-5619

Camp email: [director@uucamp.org](mailto:director@uucamp.org) Camp website: [www.uucamp.org](http://www.uucamp.org)

Directions on website: <http://www.debenneville.org/Information/Directions2Camp.html>

Weather and Road Conditions: <http://www.debenneville.org/Information/Weather.html>

**Health History Form & Authorization to Treat for youth & children attending Camp de Benneville Pines**

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 \_\_\_\_\_ Birthdate \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address City ST Zip

Custodial Parent/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_

Will you be out of town while your child is at camp? Y / N

Additional Parent/Guardian or Emergency Contact (Required) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_

If not available in an emergency, notify: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_

**Insurance Information** Is camper covered by family medical/hospital insurance? YES / NO

If yes, carrier or group name \_\_\_\_\_ Group# \_\_\_\_\_

Attach photocopy of front and back of health insurance card to form

**IMPORTANT - These boxes must be complete for attendance \***

**Parent/Guardian Authorizations:** This health history is correct and complete as far as I know. The camper described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the child named above. This complete form may be photocopied for trips out of camp.  
  
Signature of parent/guardian \_\_\_\_\_  
Printed name \_\_\_\_\_ Date \_\_\_\_\_

I understand and agree to abide by any restrictions placed on my participation in camp activities.  
Signature of minor \_\_\_\_\_ Date \_\_\_\_\_

*\* If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

**Restrictions** (the following restrictions apply to this individual - circle items that apply)

Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other (describe) \_\_\_\_\_

Explain any restrictions to activity (what cannot be done, what adaptations or limitations are necessary) \_\_\_\_\_

**Allergies** - List all known \_\_\_\_\_ Describe reaction and usual management of reaction \_\_\_\_\_

Medications: \_\_\_\_\_

Foods: \_\_\_\_\_

Other: (include insectstings, hay fever, asthma, animal dander, etc.) \_\_\_\_\_

**If your child requires an epi pen to be close at all times, please be sure to send one to camp**

Camp Dates

Cabin

Camper Name

### Medications being taken

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.

Circle one:          the camper *takes NO medications* on a routine basis          the camper *takes medications* as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Attach additional pages for more medications

#### General Questions (explain "yes" answers below)

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

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 camper's behavior and physical, emotional, or mental health: \_\_\_\_\_

Permission Form:

### Authorization to Treat During Transportation/Carpooling to Camp

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 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency 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:

ToCamp - Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

From Camp - Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_



**Emergency Information Form – Adults at Camp de Benneville Pines**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Phone# \_\_\_\_\_

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 \_\_\_\_\_

**Know n allergies to food, medication and/or anesthetics, environmental factors** (use other side for additional information):

**Known medical problems/conditions and medical treatment that may be needed at camp** (use other side for additional information):

**Please list all medications; OTC & RX that you will be taking while at camp** (use other side for additional information):

I understand that if I become injured or ill while at camp, the Health Supervisor is authorized to determine if I require care outside the bounds of that available in our wilderness setting. Due to de Benneville's isolation and elevation, any camper remaining ill for more than 12 hours may be asked to leave camp, and may return only with authorization from a physician. I have been made aware that it can take 45 minutes or more for paramedics to respond to a 911 emergency call. If road conditions are icy or hazardous, it can take substantially longer. I agree to follow the safety rules of the camp.

This form is for use by the Health Supervisor during camp only. After camp, it will be shredded. We do not retain medical records for adult campers.

**Option 1**

I hereby give permission for the camp first aid person to provide routine health care and emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the retreat organizers or the camp staff to arrange necessary related transportation. In the event of an emergency, I hereby give permission to the physician selected by the retreat organizers or camp staff to secure and administer treatment, including hospitalization.

Signature of Adult Camper/Participant \_\_\_\_\_ Date \_\_\_\_\_

**Option 2**

Although I understand that my medical information is being requested only so that medical treatment can be provided in case of an emergency, loss of consciousness or inability to make a decision on my own, and that not having this information may make it impossible for the Health Supervisor to provide appropriate medical care, I wish to decline to provide the requested medical information.

Signature of Adult Camper/Participant \_\_\_\_\_ Date \_\_\_\_\_

## Winter Travel to Camp

Before beginning a trip to camp, please review the following suggestions offered by Cal Trans and the California Highway Patrol to help promote safe winter travel:

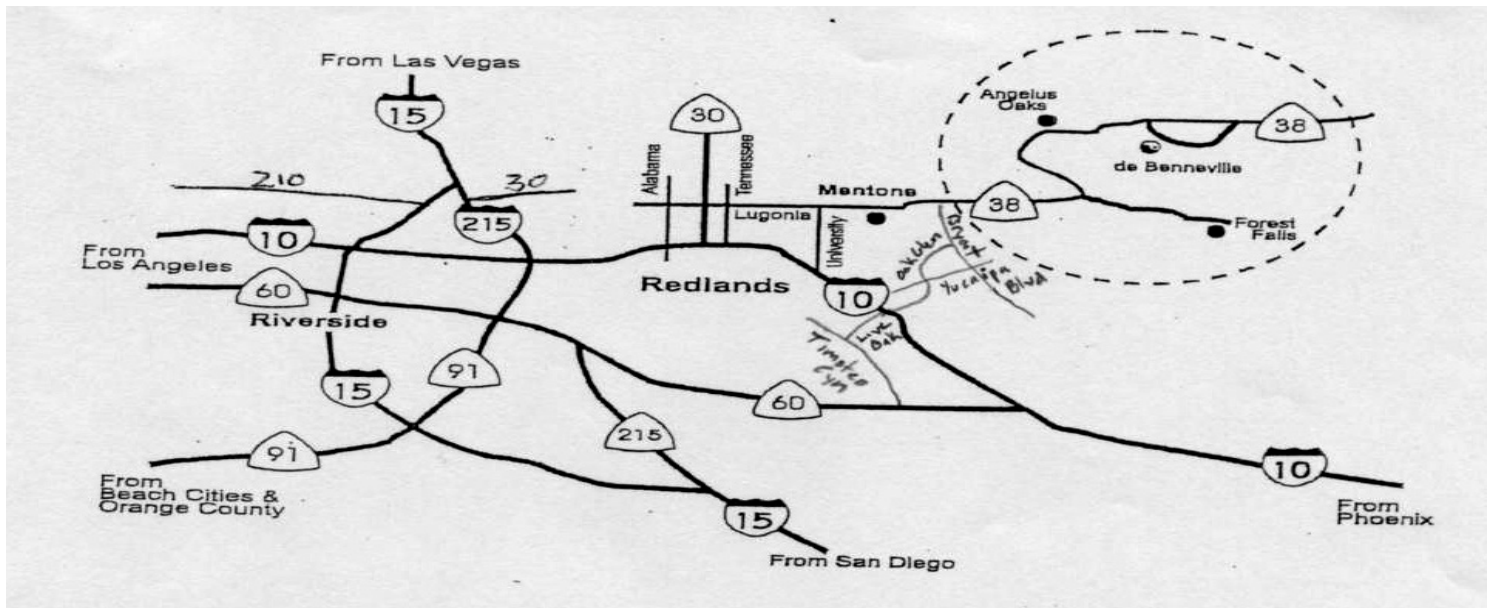
- ❖ **When planning a trip** – Before you leave you should know where you are going. Check on the road conditions. Plan your route. Make sure your car is winterized. Buy or rent the correct sized chains to fit your vehicle. Check antifreeze for colder temperatures, brakes, windshield wipers, defroster heater and exhaust system. Make sure your tires have good tread for added traction on icy roads.
- ❖ **Emergency items** – Consider carrying the following items in your vehicle: flashlight with good batteries, deicer or ice scraper, gloves, an old jacket (should you need to be on the ground installing chains), a plastic garbage bag to kneel on, a small broom to brush snow from your car, a shovel, sand or kitty litter for traction, warm blanket, thermos with hot beverage and a few candy or snackbars.
- ❖ **Driving tips** – Be especially observant of road conditions. Watch out for snow removal equipment, and never attempt to pass snowplows in the unplowed lanes. Safe speeds on dry roads can be deadly on icy and snowy roads. Adjust your speed limit to match conditions. Observe speed limits. Chain control speed limit is 25 mph except where posted. Highway 38 from Angelus Oaks to camp can be very icy. Much of the highway is shaded in the late afternoon, so ice can form on the road before nightfall. Allow plenty of drive time. Keep your gas tank full in case you experience delays or need to make unexpected detours. When stopping on winter roads, never apply brakes suddenly. Pump them gently to avoid locking the wheels. Use a lower gear if possible to slow down. Leave plenty of stopping room between you and the car in front of you. Always make sure everyone in the car has their seat belt buckled.
- ❖ **Chains are a fact of life** – You must stop and put on chains when highway signs indicate that chains are required. There is about a mile between the “Chains Required” sign and the check point where you will be required to stop to install your chains. Failure to install the chains is a citable offense. Conversely, when you are removing your chains, drive beyond the “End of Chain Control” sign to an appropriate pull-off area. Try to install chains on a flat or level surface.

If you use the services of a chain installer, make sure you get a receipt and then write the installer’s badge number on it. Chain installers are independent business people and are not employed by Cal Trans. They set their own rates, which generally run between \$20 and \$25 per vehicle. Chain installers are not allowed to sell or rent chains, so be prepared with chains prior to driving up into the mountains. Many stores sell chains (Pep Boys, Wal-Mart, Auto Zone, etc.) It is a good idea to practice installing your chains before leaving home.

**Remember to put chains on front tires for front-wheel drive vehicles, rear tires for rear-wheel drive vehicles.**

**DO NOT ATTEMPT TO ENTER THE CAMP’S DRIVEWAY WITHOUT CHAINS IF THE “CHAINS REQUIRED” SIGN IS POSTED AT THE ENTRANCE INTO CAMP.** *Only four-wheel drive vehicles can make it into camp without chains.* **Do not install chains in the camp’s driveway. Please do not block traffic.**

- ❖ **Chain Requirement Code – R2:** Chains required on all vehicles except four-wheel drive vehicles. All two-wheel drive vehicles must install chains. Four-wheel drive vehicles with mud-and-snow tires may proceed as long as they are carrying chains. **R3:** Chains required on ALL vehicles. No exceptions. This is a rare occurrence in the San Bernardino Mountains, come prepared! **CARRY CHAINS! CARRY CHAIN TENSIONERS!**
- ❖ For current road conditions, call 800-427-7623 or log-on to [www.dot.ca.gov/hq/roadinfo/](http://www.dot.ca.gov/hq/roadinfo/)
- ❖ Camp telephone numbers: Office: 909-794-2928 Lodge: 909-794-8712 Camp Director: 909-435-6298
- ❖ Camp Director’s email address: [uucamp@aol.com](mailto:uucamp@aol.com) Camp website: [www.uucamp.org](http://www.uucamp.org)



**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 bolded directions 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 bolded directions below from Hwy 38.**

**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. **\*Follow the bolded directions below from Hwy 38.**

**San Fernando Valley:**

Take the 101 East to the 134 East to the 210 East. In Redlands, exit at San Bernardino Avenue. Go through the light to the next street, Lugonia/Hwy 38. Turn left. **\*Follow the bolded directions 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 I-10 Freeway, where the name changes to Oak Glen Rd. Continue through Yucaipa to Bryant St. Turn left, continue to Hwy 38. Turn right. **\*Follow the bolded directions 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 bolded directions below from Hwy 38.**

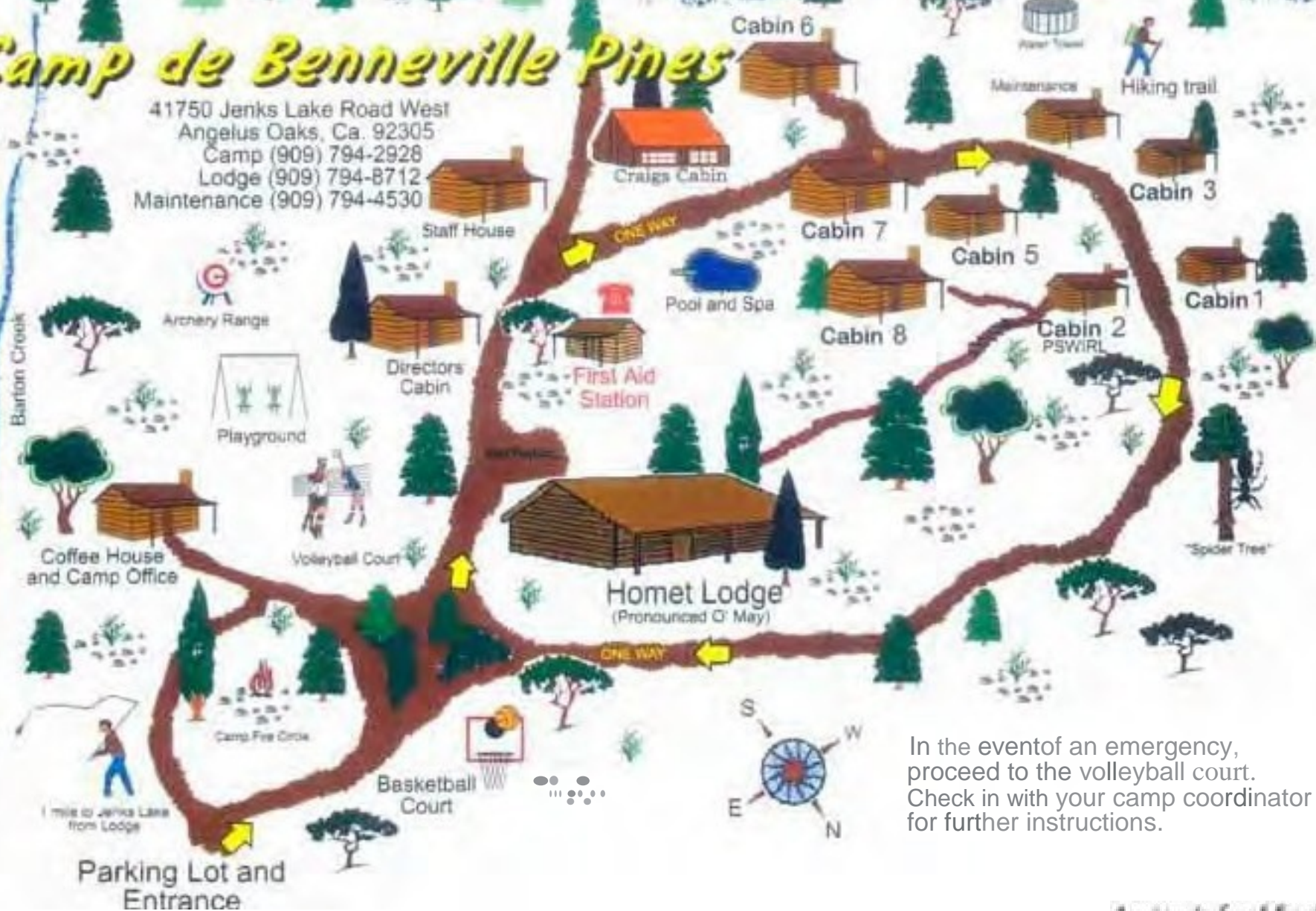
**Redlands:**

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 hill, pass through the town of Angelus Oaks and continue another 5 miles. Turn right on Jenks Lake Road West. The sign for Camp de Benneville Pines will be on the right approx 1 mile up. (On Hwy 38, if you see the sign for Seven Oaks, you have missed Jenks Lake Road West. Go back to Jenks Lake Road West.**

# Camp de Benneville Pines

41750 Jenks Lake Road West  
Angelus Oaks, Ca. 92305  
Camp (909) 794-2928  
Lodge (909) 794-8712  
Maintenance (909) 794-4530



In the event of an emergency, proceed to the volleyball court. Check in with your camp coordinator for further instructions.