



# OMA CAMP INFORMATION & MEMBERSHIP FORM - 2024

<b>CONTACT INFORMATION</b>			
Camp Name: _____		District: _____	
Camp Address: _____			
Street	City	State	Zip Code
Winter Address, if applicable (dates: _____): _____			
Street	City	State	Zip Code
Website: _____		Social Media: _____	
Primary Camp Contact Name: _____		Role: _____	
Phone Number: _____		Email Address: _____	
Address: _____			
Street	City	State	Zip Code

<b>CAMP INFORMATION – Please help keep our records up to date as we support and promote your camp!</b>		
<p>1. Camp/outdoor ministry program is:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Operated by the District</li> <li><input type="radio"/> Separately Incorporated</li> </ul> <p>2. Camp is:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Owned by the District</li> <li><input type="radio"/> Owned by the Camp</li> <li><input type="radio"/> Held at a Rented Facility</li> </ul> <p>3. Camp Capacity:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Maximum # _____</li> <li><input type="radio"/> Winter # _____</li> </ul> <p>4. Food Service (<i>check all that apply</i>):</p> <ul style="list-style-type: none"> <li><input type="radio"/> Provided by groups using camp</li> <li><input type="radio"/> Provided by camp staff</li> </ul> <p>5. Camp Staff (<i>check all that apply and estimate numbers</i>):</p> <ul style="list-style-type: none"> <li><input type="radio"/> Year-Round, Full-Time Paid Staff (# _____)</li> <li><input type="radio"/> Year-Round, Part-Time Paid Staff (# _____)</li> <li><input type="radio"/> Seasonal Paid Staff (# _____)</li> <li><input type="radio"/> Year-Round, Full Time Volunteer Staff (# _____)</li> </ul>	<p>6. Camp Facilities (<i>check all that apply</i>):</p> <ul style="list-style-type: none"> <li><input type="radio"/> Summer Cabins</li> <li><input type="radio"/> Winterized Cabins</li> <li><input type="radio"/> Yurts</li> <li><input type="radio"/> Platform Tents</li> <li><input type="radio"/> Covered Wagons</li> <li><input type="radio"/> Self-Contained Retreat Space</li> <li><input type="radio"/> Hotel-Style Lodging</li> <li><input type="radio"/> Meeting Space</li> <li><input type="radio"/> Conference Center</li> <li><input type="radio"/> Pool</li> <li><input type="radio"/> Lake (swimming)</li> <li><input type="radio"/> Lake (boating)</li> <li><input type="radio"/> Hiking Trails</li> <li><input type="radio"/> Campground               <ul style="list-style-type: none"> <li><input type="radio"/> Tent Sites</li> <li><input type="radio"/> Electric/Water Sites</li> <li><input type="radio"/> Electric/Water/Sewer Sites</li> <li><input type="radio"/> Cabins</li> <li><input type="radio"/> Other _____</li> </ul> </li> </ul> <p>7. Does your camp provide Rental Facilities to other groups?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> </ul>	<p>8. Camp Planned and Led Programs (<i>check all that apply</i>):</p> <ul style="list-style-type: none"> <li><input type="radio"/> Resident/Overnight Camp</li> <li><input type="radio"/> Day Camp</li> <li><input type="radio"/> Weekend Programs</li> <li><input type="radio"/> Winter Camp</li> <li><input type="radio"/> Day Programs/Events</li> <li><input type="radio"/> Adventure Day Programs/Events</li> <li><input type="radio"/> Cooperation/Low Ropes Course</li> <li><input type="radio"/> Challenge/High Ropes Course</li> <li><input type="radio"/> Climbing Tower</li> <li><input type="radio"/> Trip Camps (youth)</li> <li><input type="radio"/> Trip Camps (adult)</li> <li><input type="radio"/> Adult-Child Programs</li> <li><input type="radio"/> Family Camps</li> <li><input type="radio"/> Outdoor School/Education</li> <li><input type="radio"/> Other _____</li> </ul> <p>9. Camp Associations/Partnerships (<i>check all that apply</i>):</p> <ul style="list-style-type: none"> <li><input type="radio"/> American Camp Association (ACA)               <ul style="list-style-type: none"> <li><input type="radio"/> Check Here if ACA Accredited</li> </ul> </li> <li><input type="radio"/> Christian Camp and Conference Association (CCCA)</li> </ul>

<input type="radio"/> Year-Round, Part-Time Volunteer Staff (#_____)	<input type="radio"/> No	<input type="radio"/> International Association of Conference Center Administrators (IACCA)
<input type="radio"/> Seasonal Volunteer Staff (#____)		<input type="radio"/> Other _____

**CAMP QUESTIONS**

1. What are your camp's exciting programs, growing edges, strengths, blessings, and successes?
  
2. What are your camp's struggles, weaknesses, hardships, frustrations, or issues?
  
3. How can OMA "tend the fires" at your camp?

**OMA MEMBERSHIP**

**Camp Membership** (\$1 per thousand dollars of camp budget; minimum fee of \$100; maximum fee of \$700)

Annual Camp Budget: \$\_\_\_\_\_ / 1000 = \$\_\_\_\_\_ (Camp Membership Fee)

**Professional Membership - Camp membership fee includes AT LEAST one FREE Professional Membership - a \$100 value!**

- Our Primary Camp Contact listed above will be our Professional Member.

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

**Additional Memberships** (Attach additional sheets as needed.)

Name(s): \_\_\_\_\_ Role: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

- Membership Level:
- Individual/Family (\$50)
  - Professional (\$100)
  - Professional (incl.)
  - Lifetime (\$750)

Name(s): \_\_\_\_\_ Role: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

- Membership Level:
- Individual/Family (\$50)
  - Professional (\$100)
  - Professional (incl.)
  - Lifetime (\$750)

**TOTAL: Make checks payable to Outdoor Ministries Association. Send to: OMA-COB, P.O. Box 313, Petersburg, PA 16669.**

\$\_\_\_\_\_ (Camp Membership Fee) + \$\_\_\_\_\_ (Additional Memberships or Donation)  
 = \$\_\_\_\_\_ **TOTAL ENCLOSED**

