



Hilltop Rates and Information

Star Lake Camp & Conference Center is a modern facility situated on nearly 400 acres of nature’s beauty in the foot hills of the Ramapo Mountains. We specialize in hosting non-profit organizations for conferences from **September through May** in a warm Christian atmosphere.

All Pricing is Subject to Change Without Notice.

Lodging (Per Person, Per Room):

Facility	Capacity	Details	Units Available	Rate
Cabins	36	Shared bathrooms, Bunk beds, 4 rooms of 8 beds, 2 rooms of 2 beds.	5	\$38.75 per person 1st night; \$27.25 each additional night
Commons	2	Twin Beds with a private bathroom	22	\$55.00 per person 1st night; \$33.00 each additional night

Overnight use includes described meeting and dining facilities at no additional charge. Maximum overnight capacity is 220 participants.

Meal (Per person)	Rate:
Continental Breakfast	\$5.25
Lunch	\$7.75
Dinner	\$8.75
Snack	\$2.75

Conference Room

Facility	Capacity	Rate (Excludes Overnight Conferences)	Details
Tabernacle	400	\$330.00 per day	Not Heated
Assembly Room	150	\$165.00 per day	Part of Commons Building
Dining Room	225	\$383.00 per day	with tables and chairs

Additional Amenities

Fire Circle	\$110, firewood is provided
Climbing Wall/Ropes Course	Prices available upon request
Basketball Court, Sand Volleyball Court, Ballfield and Playground (bring your own equipment)	Complimentary

Billing Policy: Group is responsible for payment of final invoice sent one week prior, this includes all lodging and meal counts.

Information on “one day conferences” & “day trips” is available upon request.



Hilltop Conference Application

Group Name: _____ Conference Description: _____

Date of Application: _____

Contact Information:

Main Contact:	Secondary Contact:
Address:	Address:
Email:	Email:
Office Number:	Office Number:
Cell Number:	Cell Number:
Fax:	Fax:

PLEASE SUBMIT A CERTIFICATE OF LIABILITY INSURANCE FORM COVERING THIS EVENT.

Conference Details:

Dates:			
Arrival Day:	Time:	Departure Day:	Time:
Number of Commons Rooms Needed:		Number of Cabins Needed:	
Number of Guests Expected:		Number of Guests for Meals:	
First Meal/Snack:		Last Meal/Snack:	

WE ASK YOUR COOPERATION IN KEEPING YOUR SCHEDULE CONSISTENT WITH OUR MEAL SERVING HOURS.
Breakfast 8:00am, Lunch 12:00noon, Dinner 5:00pm: Coffee Breaks 10:00am & 2:30pm: Evening Snacks 8.00pm.

Meeting Room Requests (see listing): Number of chairs: _____ Tables: _____	Program/Equipment Requests (please check):	
	\$110 Fire Circle (firewood Provided)	
	Climbing Wall/Ropes Course - prices available upon request	

Estimated Total Amount: \$	20% Deposit: \$
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We understand the deposit is based on the approximate total of Lodging Rooms, Meals, and Snacks; and that this will confirm our reservation, provided the scheduling is approved by the Director. This deposit will be applied to our final billing which is to be paid in full at the beginning of our event. Conferences booked with no deposit are deemed tentative. We also understand that deposits are non-refundable.

 Contact Person Signature

 SLCCC Director Signature

 Date

When approved, a signed copy of this application will be returned to you. This will be confirmation of your Conference Reservation.

OFFICIAL USE ONLY

Date: _____ Receipt Number: _____ Amount: \$ _____



Hilltop Conference Agreement

We understand and agree to the following...

- We will assume financial responsibility for the package(s) and/or facilities selected. We understand that a deposit amounting to 20% of the approximate total based on the proposed count for Rooms, Meals and Snacks will confirm our conference, provided the scheduling is approved by the Director, and that deposits are non-refundable.
- Star Lake Camp and Conference Center reserves the right to cancel our booking if our numbers fall below 40 guests if we are the only group booked on this particular weekend.
- Total cost for usage will be due at the beginning of our conference.
- Our agreement will be canceled if we do not submit the security deposit or if we do not provide proof of insurance.
- We understand that we must provide adult supervisors, 18 years or older, who will oversee group behavior and conduct at all times.
- We will be responsible for our own first aid, emergency care, and emergency transportation. We agree to report any accidents or injuries to the camp host, and as required, to fill out an incident report form.
- The Contact Person(s) on this agreement is ultimately responsible for the group.
- To meet immediately prior to our event with the SLCCC Host to review regulations and safety procedures. We agree to share this information with our group.
- To send a copy of a schedule/program of events, in English, two weeks prior to arrival.
- Star Lake Camp and Conference Center is a *tobacco, drug and alcohol free* facility. This is non-negotiable.
- Per Fire Department Regulations, no candles are permitted.
- If using cabins, we will be assigned the minimum number cabins possible to accommodate our maximum group size and separation of genders.
- Star Lake Camp and Conference Center may schedule multiple groups at the same time therefore, our group may not be the only group on site during our retreat.
- All usage details must be finalized at least 10 days prior to the use date.
- That our group has obtained and is covered by general liability insurance for all costs that may be incurred resulting from an injury or accident while on Star Lake Camp and Conference's property. A copy of our current insurance certificate is included with this application.
- Fires are permitted only in designated fire circles and at approved times. Please note that campfires may be cancelled by our staff due to safety concerns.

Main Contact Person Signature

Printed Name

Date

Secondary Contact Person Signature

Printed Name

Date



Meal and Snack Count Sheet

We ask for your cooperation in keeping your schedules consistent with the scheduled meal times.

Group Name: _____ Conference Dates: _____

PLEASE FILL IN THE NUMBER OF PEOPLE EXPECTED FOR EACH MEAL OR BREAK							
DAY/ DATE	ALL DAY COFFEE	BREAKFAST 8:00AM	BREAK 10:00AM	LUNCH 12:00N	BREAK 2:30PM	DINNER 5:00PM	SNACKS 8:00PM

Please do not change meal or snack times without permission.

Contact Signature: _____ Date: _____

THIS SIGNATURE ASSURES WE UNDERSTAND ALL MEAL & SNACK TIMES

Official Use Only

DATA DISTRIBUTION	
	DATE
ADMIN	(_____)
KITCHEN	(_____)
() REVISION	(_____)
() REVISION	(_____)



Menu Choices for Hilltop Complex

(PLEASE CHOOSE ONLY ONE FOR EACH MEAL)

BREAKFAST (Choose one:)

CONTINENTAL MENU A

Danish
Assorted Breakfast Muffins
Cold Cereals
Milk 8 oz.
Juice O.J. 4 oz.
Yogurt
Banana
Instant Oatmeal
Hot Chocolate/Coffee/Tea

CONTINENTAL MENU B

Large Croissant w/Butter/Jellies
Cinnamon Roll
Cold Cereals
Milk 8 oz.
Juice O.J. 4 oz.
Yogurt
Banana
Instant Oatmeal
Hot Chocolate/Coffee/Tea

CONTINENTAL MENU C

Coffee Cake
Assorted Donuts
Cold Cereals
Milk 8 oz.
Juice O.J. 4oz.
Yogurt
Banana
Instant Oatmeal
Hot Chocolate/Coffee/Tea

LUNCH (Choose one:)

D

Steak Roll
Ham/Turkey/Salami
American/Swiss
Lettuce
Tomato Slice
Potato Chips
Pudding Cup
Soup 8 oz. Serving
Juice
Condiments

E

Kaiser Roll
Chicken Fillet
Lettuce
Tomato Slice
Coleslaw or Potato Salad
Cookie
Soup 8 oz. Serving
Juice
Condiments

F

Hot Dogs on a Bun
Chili
Onions in Sauce
Lettuce
Potato Chips
Pudding Cup
Soup 8 oz. Serving
Juice
Condiments

G

Kaiser Roll
Tuna Salad/Egg Salad
Lettuce
Tomato Slice
Pretzel Twists
Fruit Cup
Soup 8 oz. Serving
Juice
Condiments

H

Hamburger Bun
Sloppy Joe
Tater Tots
Carrot Sticks
Soup 8 oz. Serving
Juice
Condiments
Brownie

I

Chicken Nuggets
Macaroni and Cheese
Sun Chips
Yogurt Cup
Soup 8 oz. Serving
Juice
Condiments
Cookie

DINNER (Choose one:)

J

Pasta with Meat Sauce
Grated Cheese
Garlic Toast
Broccoli
Sheet Cake with Icing
Juice

K

Chicken Cordon Bleu 7 oz.
Baked Potato
Corn
Dinner Roll (2 Parkerhse)
Apple Pie
Sour Cream
Butter Cup
Juice

L

Salisbury Steak
Mashed Potatoes
Gravy
Mixed Vegetables
Dinner Roll (2 Parkerhse)
Cheesecake
Butter Cup
Juice



Menu Choices for Hilltop Complex *Continued*

EVENING SNACKS (Choose one:)

- M** Cheese and Cracker Tray
- N** Assorted Chips/Pretzels
- O** Nutrigrain Bars/Yogurt Cups
- P** IW Chocolate Chip Cookie 2.5oz
- Q** Ice Cream Bar - Novelty
- R** Ice Cream Sandwich - Vanilla 3.5oz
- S** Italian Ice - Lemon Cup 4oz
- T** Large Muffin - Assorted Flavors

Juice available at each meal.

Coffee provided at breakfast only.

Pricing Structure (Choose one:)

- Breakfast \$5.25 per person
- Lunch \$7.75 per person
- Dinner \$8.75 per person
- Snack \$2.75 per person

Sample Weekend Choice:

- \$10.50 2 Breakfast meals
- \$15.50 2 Lunch Meals
- \$8.75 1 Dinner Meal
- \$5.50 2 Snacks
- \$40.25 Weekend meal cost per person



Hilltop Commons Room Registration Roster

Please make listing according to roommates with full names.

Group Name: _____ Conference Description: _____

First Floor

Room Number	Roommate One	Roommate Two
101		
102		
103		
104		
105		
106		
107		
108		
109		
110		

Second Floor

Room Number	Roommate One	Roommate Two
201		
202		
203		
204		
205		
206		
207		
208		
209		
210		
211		
212		



Village Cabin ___ Room Registration Roster

May be duplicated if more cabins needed

Group Name: _____ Conference Description: _____

Number	Side A (Full Names Please)
1	
2	
3	
4	
5	
6	
7	

Number	Side B (Full Names Please)
1	
2	
3	
4	
5	
6	
7	

Number	Side C (Full Names Please)
1	
2	
3	
4	
5	
6	
7	

Number	Side D (Full Names Please)
1	
2	
3	
4	
5	
6	
7	

Number	Counselor Room A/B Side
1	
2	

Number	Counselor Room C/D Side
1	
2	

STARLAKE



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Phone:(973)838-7000 Fax:(973)838-0810
vikki.pollard@use.salvationarmy.org

CAMP & CONFERENCE CENTER

ATTENTION PLEASE

Due to Bloomingdale Fire Department Regulations we are not permitted to allow candlelight type services to be performed.

NO CANDLES!





Travel Directions to Star Lake Camp and Conference Center

Please distribute to your whole group.

Physical Address for use with a GPS:

Gated Entrance across the street from
 206 Macopin Rd.
 Bloomingdale, NJ 07403

From the North: Via Route 87 (NY Thruway) or Tappan Zee Bridge - Take Exit #15 (Route 287 SOUTH-NEW JERSEY) to Exit #53 (Bloomingdale)

From the East/NYC: George Washington Bridge-Take Route 80 WEST to Route 23 NORTH (Route 287 NORTH) to Exit #53 (Bloomingdale)

From the East/NYC: Lincoln Tunnel-Take Route 3 West, To Route 46 West, To Route 23 North, to Route 287, to exit #53 (Bloomingdale)

From the East/NYC: Holland Tunnel-Take Route 1 North, to Route 3 West, To Route 46 West, To Route 23 north, to Route 287, to exit #53 (Bloomingdale)

From Newark Airport: Follow signs to Route 78 West, to Route 24 West, to Route 287, to exit #53 (Bloomingdale)

From the South: NJ Turnpike or Garden State Parkway, take Route 287, to exit #53 (Bloomingdale)

From the West: Take Route 80 East or 78 East, to Route 287, to exit #53 (Bloomingdale)

From Exit 53: Turn Left onto Hamburg-Paterson Turnpike. After about 2 miles, turn Right onto Macopin Road (at Blueberry Hill Farms). SLCCC is the First Gate on RIGHT, about 500 yards.

Buses DO NOT TAKE Route 23 & Kinnelon Road Exit.

