



**WILDERNESS  
CAMPS  
EARTH SKILLS  
TRAINING  
SCHOOL  
PROGRAMS**

**RICARDO SIERRA**

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HAWK CIRCLE WILDERNESS EDUCATION IS A  
PROGRAM OF THE EARTH MENTORING INSTITUTE, INC.

A 501 (c) 3 TAX EXEMPT

NOT-FOR-PROFIT ORGANIZATION

FEDERAL TAX-EXEMPT # 31182

FEDERAL ID # 16-1563526

Dear Parents,

**Welcome to Hawk Circle Camp!**

This letter outlines a few of our logistical concerns and general camp policies well before camp starts, so you can best plan and understand our program from this perspective. Enclosed you will find a letter to your son or daughter, medical forms and information, a simple questionnaire, an equipment list and travel information. If you are missing any of these you can find them in the summer camp section of our website HawkCircle.com, or just phone us and we will fax, mail or e-mail you one right away!

Take care, have a safe spring and please call me if you have any questions!

Sincerely,

Ricardo Sierra, Director

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**Arrival & Departure:** You should plan to *arrive between 2-3 pm on Sunday*, the first day of camp. *Pickup is at 10 am on Saturday.*

**Food Policy:** We provide all meals with a vegetarian option, but are not able to accommodate a full variety of special diets. If your camper is vegan, or on a raw foods diet or other restricted food plan due to allergies, we will send you with a sample menu so that you can provide your child's food substitutions. We will make sure that your child's special dietary needs are taken care of and that we take all precautions necessary in the case of severe allergies

**Contraband and banned items:** In the spirit of preserving the wilderness philosophy, we request that all ipods, electronic games, cell phones (we do not have cell service here), candy, gum etc, be left at home. Any candy-type food that is sent to camp will be held until camp is over, or, if you are in a generous mood, may be shared with the rest of the group at an appropriate time. Also, we have the usual restrictions about smoking, alcohol and illegal drugs of any kind. Thank you for your co-operation.

**Tuition and Paperwork Deadlines:** *We require that the balance due is paid in full by May 15th and all medical forms be sent at least two weeks (14 days) before the first day of camp.* This will help our first day of camp to be free of the stress of payments and camper forms and be more of a chance to really greet you and your child, connect and enjoy the first day. Thank you for your understanding. **Please return all yellow copies.**

**Refund Policy:** Due to our small size we can be very affected by last minute cancellations that we cannot weather financially. Thus, we have a limited refund policy that is clearly spelled out on the camp application. If you have trouble meeting this payment schedule, please let us know immediately so we can make other arrangements and work something out. Thank you!

**Transportation:** We do offer transportation to and from the Albany bus, train or airport. Pickup time is ideally on Sunday between 1-4 and dropoff time is Saturday morning between 9-12. **There is a \$75 round trip fee for this service.**

**Campers staying for consecutive camps:** Campers can be picked up in between camps or they may stay here. This time gives them a chance to relax, get some laundry done, and enjoy a bit of downtime. For campers that would prefer to stay here, **please send \$35 along with your tuition to cover supervision and meals.**

# Medical Forms And Concerns

*Please Read This Carefully! Thank You!*

To help everything run smoothly and safely, the New York State Health Department has created a few regulations for summer camps that require us to have a couple more forms. *We require both colored forms in this packet to be completely and carefully filled out by you and sent to us at least two weeks (14 days) prior to the start of your child's camp.* We recommend taking care of this as early as possible to avoid lost paperwork, difficulties in scheduling a doctor's appointment, and any other last-minute problems.

## Contents:

1. **Hawk Circle Camp Health Record**
2. **Camper Insurance Form**
3. **Camper Medications Form**
4. **Meningitis Info and Meningococcal Vaccination Response Form**

1. Your child must have a physical exam and the Hawk Circle **Camp Health Record** must be completed and signed by your Health Care Provider within one year of the camp's start date. If your child has any special medical conditions or concerns, food allergies, or dietary restrictions, we need to know in advance. Any last minute notifications may not be accommodated, as menu-planning and food purchasing will have already been accomplished.

If your child has not received immunization for spiritual or religious reasons, you must send us a written statement, signed by your Health Care Provider, claiming Religious Exemption. This is very important, as *without a complete immunization record or a signed statement of Religious Exemption, your child cannot attend camp.*

2. **Camper Medications Form** must be filled out and signed on the bottom by your Health Care Provider. This signature allows us to administer each of the standard over-the-counter medications listed, unless "No" is circled to prohibit a specific medicine. Please know that *we only give over-the-counter medications as a last resort*, at the careful discretion of our RN or Medical Director, according to package insert guidelines. Without approval we are not legally allowed to administer basic drugs such as Tums and Tylenol, and other more important medications like Benadryl (which can save lives in cases of severe allergic reactions).

**VERY IMPORTANT: *Prescription medication must be in the original package with the prescription information visible.*** Make sure that the information in the Prescription Medications part of the form matches that on the prescription package, and please **don't use daily/weekly divider containers**. If the original prescription information is missing, please obtain and send us another copy, signed by your Health Care Provider. If your child is not currently taking any prescription medications, make sure that your Health Care Provider makes note of that on the form. ***Make sure to have your Health Care Provider's signature at the bottom of the camper's medication form.***

Vitamins and Homeopathic medicines can be administered if medically necessary and only with a **separate, signed statement** from you specifying schedule and dosage.

3. Enclosed you will also find a packet pertaining to a new law regarding meningococcal meningitis. Please be aware that this is not a new disease, or even one that has become more severe. The forms are simply to help insure continued safety. One form is a fact sheet about the disease. The second form is a letter explaining the new law, the camp's responsibilities, and your responsibilities as parents. The third page is titled Meningococcal Vaccination Response Form. Please note that while you are not required to immunize your child, you are required to fill out the form. **This form does not require a doctor's signature.**

As always, if you have any further questions regarding these forms please feel free to contact us at anytime at (607) 264-3396, or email us at HawkCircleOffice@gmail.com.

# HAWK CIRCLE CAMP HEALTH RECORD

Name: \_\_\_\_\_ Camp: \_\_\_\_\_ Date: \_\_\_\_\_

## To Be Completed By the Health Care Provider

Height: \_\_\_\_\_ ft/ \_\_\_\_\_ in      ENT: \_\_\_\_\_      Neuro-psych: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs      Lungs: \_\_\_\_\_      Extr: \_\_\_\_\_

Pulse: \_\_\_\_\_      Skin: \_\_\_\_\_      Abdomen: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_      Spine: \_\_\_\_\_      Please check for Head

Lice: \_\_\_\_\_

Heart: \_\_\_\_\_      Neck: \_\_\_\_\_

Recommendations or Restrictions: \_\_\_\_\_

Other Medical

Concerns: \_\_\_\_\_

All Known Allergies (Foods, Insects, Medications, etc.) and their symptoms: \_\_\_\_\_

### Immunization Record

Please be sure to include Dates. This is very important!

Type	Date	Date	Date	Date	Date
DPT					
Td/Dt/T					
OPV					
HIB					
Hep. B					
Measles		Rubella		Mumps	
History of Chicken Pox (Varicella)? (circle one)    No / Yes    Date _____					
Varicella					

• Please Note: If your child has had Measles, Mumps or Rubella it must have been diagnosed by a physician; otherwise, the child is required to be immunized against these diseases.

**This completed form SIGNED by your physician shall serve as the PHYSICIAN'S CERTIFICATE of such immunizations as required by Public Health Law Title VI- Section 2164.**

Health Care Provider's Name (please print): \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Important! Parents Please Sign Below

My Child has my permission to engage in all activities at camp unless noted by the physician or by me. In the event of an emergency and I or my spouse or child's Physician cannot be reached, I give permission to the physician or hospital selected by the Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above, with the understanding that the family will be notified as soon as possible.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_



# Camper Insurance Form

Please fill out the following information about your insurance coverage for our records which we might need in the event of an accident. Our medical insurance will pay the first \$150 of any accident and any amount which your personal insurance will not cover. If you have no insurance coverage, our policy will cover you for the full amount. Please sign below in this case. We will be happy to discuss any of this information with you personally should you have any questions. Thanks for your understanding and help. Our programs are fairly low risk and we make every effort to run them as safely as possible.

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Date of Birth: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Certificate #: \_\_\_\_\_ Group # (if applicable): \_\_\_\_\_

Effective Date: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

IF INSURED THROUGH EMPLOYER PLEASE FILL OUT :

Subscriber Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

IF YOU DO NOT HAVE INSURANCE COVERAGE PLEASE SIGN BELOW :

My son/daughter does not have any other insurance coverage and we request full coverage of the camp's medical policy in the event he/she needs any medical care or treatment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Camper Medications Form (Must be filled out by Health Care Provider)

Individualized Orders for: Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

**Over-The-Counter Medications:**

The medications listed to the right are available in the infirmary and will be administered at the discretion of our RN or Medical Director. The Health Care Provider's signature at the bottom of this form indicates approval to administer these medications according to package insert guidelines, unless indicated otherwise by circling "No" in the Permission to Administer column. Please add any other medications and orders in the extra spaces provided, including dosage and when they should be administered. *Health Care Provider must sign/stamp the bottom of this form!*

Drug Name	Permission to Administer	Comments
Benadryl	No	
Tylenol	No	
Ibuprofen	No	
Imodium AD	No	
Tums	No	
Arnica	No	
Rescue Remedy	No	

**Prescription Medications:**

Patient's current regimen of both scheduled and PRN medications, as indicated on the prescription package.

**Please write very clearly!**

Prescription Drug Name	Route	Dosage	Schedule & Indications	Comments

*Please Note: Vitamins and Homeopathic medicines can be administered if medically necessary and only with a separate, signed statement from the camper's parents or legal guardians specifying schedule and dosage.*

Please list all medical allergies: \_\_\_\_\_

Camper's Health Care Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ License #: \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Dear Parent:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a new law in New York State. On July 22, 2003, the New York State Public Health Law (NYS PHL) was amended to include section 2167 requiring overnight children's camps to distribute information about meningococcal disease and vaccination to the parents or guardians of all campers. This law became effective on August 15, 2003. I encourage you to carefully review the Meningococcal Meningitis Fact Sheet on the other side of this page.

Hawk Circle Camp is required to maintain a record of the following for each camper:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the camper's parent or guardian

**AND**

- Information on the availability and cost of meningococcal meningitis vaccine (Menomune TM)

*And either...*

- A record of meningococcal meningitis immunization within the past 10 years

**OR**

- An acknowledgement of meningococcal meningitis disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian

**Please complete the Meningococcal Vaccination Response Form and send it to us along with the other camp forms, two weeks prior to the start of your child's camp.**

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15-24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

A vaccine is available and the cost of the vaccine can be obtained from your Health Care Provider and by visiting the manufacturer's web site at [www.meningitisvaccine.com](http://www.meningitisvaccine.com). Hawk Circle Camp does not have the facilities to offer the meningitis vaccine.

To learn more about meningitis and the vaccine, please feel free to contact your child's physician. You can also find information about the disease at the New York State Department of Health web site: [www.health.state.ny.us](http://www.health.state.ny.us) and the web site of the Center for Disease Control and Prevention (CDC): [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo).

# Meningococcal Meningitis Fact Sheet

## Meningococcal Disease

*Information for College Students and Parents of Children at Residential Schools and Overnight Camps*



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#### **What is meningococcal disease?**

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

#### **Who gets Meningococcal disease?**

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshman living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as result of infection. Currently, no data are available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshman living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

#### **How is the germ meningococcus spread?**

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

#### **What are the Symptoms?**

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

#### **How soon do the symptoms appear?**

The symptoms may appear 2 to 10 days after the exposure, but usually within 5 days.

#### **What is the treatment for meningococcal disease?**

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

#### **Is there a vaccine to prevent meningococcal meningitis?**

Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A,C,Y,W-135) that cause about 70% of the disease in the United States. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days. After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

#### **How do I get more information about meningococcal disease and vaccination?**

Contact your family physician or your student health service. Additional information is also available on the web sites of the New York State Department of Health, [www.health.state.ny.us](http://www.health.state.ny.us); the Centers for Disease Control and Prevention [www.cdc.gov/ncid/dbmd/diseaseinfo](http://www.cdc.gov/ncid/dbmd/diseaseinfo); and the American College Health Association, [www.acha.org](http://www.acha.org).

Information provided by: New York State Department of Health, Bureau of Communicable Disease Control.



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## Meningococcal Vaccination Response Form

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for each camper.

Check one box and sign below.

- My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years.  
Date received: \_\_\_\_\_  
(Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3 to 5 years)
- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

\_\_\_\_\_  
*Parent/Guardian Signature* *Date*

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Please sign and return this form along with the other camp forms.  
Thank you!**



# PARENT QUESTIONNAIRE

FOR HAWK CIRCLE CAMPER: \_\_\_\_\_

Thank you for filling out this questionnaire and returning it to us. This will help us to ensure your child will get the most out of our camp by giving us a family/scholastic background and some understanding of what is going on with him/her at this time. Your insights are extremely helpful and appreciated. All information contained within this letter is considered strictly confidential and will be viewed by senior staff persons only. Feel free to answer only what you feel comfortable with and know that this letter is not a prerequisite for attending any camp.

#1. What are you hoping your child will get out of this experience at Hawk Circle?

#2. How are things going in school? (Favorite subjects, etc.)  
Any learning disabilities?

#3. How are things at home? Any major changes happening?

#4. What is the current "issue" your child is working on presently? (Independence, relationships/friendships, discipline, social things like that.)

#5. What issues are you currently working on with him/her? (What are you working on helping him/her to become more proficient at, such as school work, making friends, cleaning, etc?)

#6. Is your child currently, or has your child been, in the care of a mental health professional for any emotional or behavioral issue? For how long? What is the nature of his/her challenge?

Thanks for your time and energy in this effort. It is our goal to help each child to learn, excel and grow during our camps, and this makes it much easier. Please feel free to add on to this letter if you desire.



• Something to consider doing while your child is away at camp is to write a letter to him/her describing your thoughts, hopes and feelings about him/her around the time of his/her birth, and to share your current hopes and dreams for the future of your family and relationship. This is something you can give your child after camp, and let him/her know that you've gone through a "Rite of Passage" too while he/she has been gone. You can also make a small gift as an offering to represent the changes you are honoring in your relationship. Think about it!

Please mail this back to us at the address below with the other camp forms. Thanks again... -Ricardo

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# CAMPER CLOTHING AND EQUIPMENT LIST

**LAUNDRY:** If you are staying for more than one week, we will be doing laundry on the weekend, in-between camps. Please bring enough clothing, underwear, socks etc. to last all week. It is **VERY IMPORTANT** that you label all clothes, as laundry will be done as a tent group. Please bring a laundry bag to keep your dirty laundry in during the week.

**EARTH TONED CLOTHES** will help you blend more easily with the woods. Also, clothes tend to change to a somewhat darker, more primitive state so keep that in mind! Save your whites and favorite colorful shorts/t-shirts for life back in civilization.

- |   |  |
|---|--|
| <input type="checkbox"/> large duffel bag or backpack   | <input type="checkbox"/> rain poncho or other rain gear      |
| <input type="checkbox"/> daypack  | <input type="checkbox"/> sweatshirts (lots of them)          |
| <input type="checkbox"/> water bottle   | <input type="checkbox"/> t-shirts                            |
| <input type="checkbox"/> knife (sheath or folding)*   | <input type="checkbox"/> 2-3pairs of shorts                  |
| <input type="checkbox"/> flashlight and batteries   | <input type="checkbox"/> 2-3 pairs pants/sweatpants          |
| <input type="checkbox"/> sleeping bag and bed sheet   | <input type="checkbox"/> 2 bathing suits                     |
| <input type="checkbox"/> sleeping pad (the thicker the better)  | <input type="checkbox"/> 2 towels (for swimming and bathing) |
| <input type="checkbox"/> biodegradable soap/shampoo   | <input type="checkbox"/> socks                               |
| <input type="checkbox"/> toothbrush and toothpaste  | <input type="checkbox"/> underwear                           |
| <input type="checkbox"/> laundry bag  | <input type="checkbox"/> sturdy shoes (sneakers are fine)    |
| <input type="checkbox"/> work gloves (cotton is OK)   | <input type="checkbox"/> Teva-type sandals or equivalent**   |
| <input type="checkbox"/> closed-toed water shoes (required by the Health Department for stream walks) |  |

*Optional but highly recommended:  
hat, sunscre, insect repellent, pillow and pillowcase,  
book for reading during siesta, letter writing materials,  
journal/diary & extra pens/pencils*

\* Please make sure your knife is of good quality, strong, and suitable for carving. Blades should not be double edged, as these are considered illegal to carry in New York State. Because we do a considerable amount of carving at camp, a good knife is important to a camper and will last a lifetime. You will learn about sharpening, safety and using knives during camp this summer. Swiss Army Knives are not preferred for carving as they do not have a locking blade, and are best considered a backup knife rather than a primary carving/survival tool. Large, heavy military survival knives are usually too heavy for detailed carving, with smallish hunting or all-purpose knives being best provided that they fit comfortably in your hand and feel good. We have some knives available for sale that range in price from \$18 to \$125. Most are valuable tools that will last a lifetime with the proper care. Please contact us for more information.

\*\* Teva-Type sandals were voted far superior to sneakers in most camp activities as they dry quickly, have excellent traction, are safer than being barefoot and are very comfortable. It is still a good idea to bring sneakers too, however!

**Please note:** You may bring your belongings in a backpack, duffelbag or a plastic tote box. We have tent space and the container you bring is mostly used to get your stuff up to camp. Try to pack lightly if possible!

**Hawk Circle is NOT responsible for returning any items that are left behind.**

**Please direct all Camper Mail  
c/o Hawk Circle, PO Box 506, Cherry Valley, NY 13320**

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## Directions and Travel Information

We are located about an hour and 15 minutes west of Albany, near Cooperstown, NY. Many of you may know where that is because of the Baseball Hall of Fame. Depending on which direction you are traveling from, you should be able to get here using the directions below. Please feel free to call us if you need help or clarification on anything, and let us know if you are coming in late so we can leave the lights on for you!

### Getting to Hawk Circle from Albany (For people coming from the North, East, South or Hudson Valley Areas; Boston, VT, NH, NJ, New York City, etc) :

Get to the I-90 and I-87 Junction in Albany, then head West on I-90. After about 10-12 miles, you will take the 25A exit for I-88, (Oneonta-Binghamton). Take the second exit (for Duaneburg-Cooperstown) and follow signs for Cooperstown. You will be heading West on Route 20. Drive about 25 miles until you see the Cherry Valley Exit. (It is fairly soon after you pass through Sharon Springs.) At the bottom of the ramp, turn left on Route 166 and drive one mile into the village of Cherry Valley. At the Street Light, turn LEFT and drive 2.6 miles south on Route 166. You will see our sign for Hawk Circle on the left. Turn onto our dirt driveway and drive about half a mile, passing over a small stream (yes, the bridge is safe!) and over a small hill until you come to a parking area on the right! Welcome to Hawk Circle!

### From Binghamton or Pennsylvania or Southwest in General:

Get on I-88 and head north until you get to the Cooperstown Exit 17. Turn left at the bottom of the ramp and head north on Route 28 until you reach Milford. At the Street light, turn right and drive north on Route 166 for about 15 miles. When you come to the tiny town of Roseboom, continue straight on 166 for 1.4 miles. You will pass a log cabin on the right and we are the next driveway on the right. (You will see our Hawk Circle sign.) Turn onto our dirt driveway and drive about half a mile, passing over a small stream (yes, the bridge is safe!) and over a small hill until you come to a parking area on the right! Welcome to Hawk Circle!

### From the West (Rochester, etc) VIA I-90:

Take I-90 East towards Albany. Shortly after passing through Utica, you will come to the Herkimer/Ilion Exit, which you should take. Follow signs for Route 28 South through Mohawk until you get to Route 20 in Richfield Springs. Take a left turn heading East on Route 20 and drive about 12 miles to the Cherry Valley exit. Take a right turn onto Route 166 at the off-ramp, and drive one mile into the center of Cherry Valley. At the light, take a LEFT TURN. Drive 2.6 miles south on Route 166 until you see our driveway and Hawk Circle Sign on your left. Our long dirt driveway crosses a bridge and will take you into camp. If you pass our drive, you will come to the tiny town of Roseboom, where you can turn around and retrace your steps. Welcome to Hawk Circle!

• If you are coming from a more local area (like the Catskills, etc) please follow a good map or call for more specific directions.

### Public Transportation:

If you need to travel by train or air the destination of choice is Albany, NY. Pick-up cost is \$40 round trip per person from Albany. Please let us know your arrival dates and times as early as possible so we can make arrangements to get you! There are usually one or two pickup times on arrival days so you may have to wait for a few hours if you arrive early. If you happen to find a ride with someone else at the end of a program, you will not receive a refund as the fee is based on round trip.

*Have a Safe Journey!*

*We look forward to seeing you soon!*

