

Thanksgiving Celebration

November 22-25, 2018



Camp de Benneville Pines

Angelus Oaks, California



November 13, 2018

Dear Thanksgiving Family Campers:

I look forward to seeing you in the pines—one and all! We've got some fun activities planned this holiday season and plenty of unstructured time for spending with family and friends. **PACK YOUR CHAINS.** There is no place to purchase chains up on the mountain top, so please come prepared with 4-wheel drive or chains and tensioners. Some of you will remember the snow we had a couple of year's ago. It's fun to play in but not so fun for driving. We hope for good weather but plan for winter should it come early.

This special holiday camp is a rare opportunity to act as one community. It's a time when we all pitch in and share an activity, game or workshop with one another. We are in need of a few additional workshops and activities to fill out the schedule. I'd love to hear from you and get your activity onto the schedule ahead of time. Feel free to contact me with your workshop ideas at abrunell@roadrunner.com or come prepared for your activity or event and we will add you to the master schedule upon arrival.

We have room for three more families. Please extend invitations to your family and friends. The more, the merrier!

Aside from planned activities, here are some things you might want to bring:

- We will be doing a fabric workshop with Sharpie pens. Bring white things (t-shirts, boxers, scarves, etc.) to draw on.
- Good munchies to share on the “Munchies Table” -- bring your Trader Joe's favorites, holiday chocolates, and cookies!
- Musical instruments
- Knitting/crocheting projects
- Something you might want to share at the talent show
- Journal, pen, book
- Photos/scrapbooking supplies

- **Something for potluck on Wednesday/Thursday morning. You are welcome to use the microwave in the lodge or Craig's to heat up your food. It seems we have 25 people coming early on Wednesday!**
- **Our first camp meal (Thanksgiving dinner) will be 4pm on Thursday.**

If you are arriving on Wednesday, you will find your room assignment posted in the Lodge. Be sure to go through the check-in process on Thursday between 12 and 4 pm. You must fill out and hand in an Emergency Information and Release Form. Use the Family Form if you have more than 1 person in your group and you are related. Forms are included in the packet.

Feel free to arrive at any time on Thursday, however, plan some snacks or a picnic lunch to hold you over, and don't forget to check-in.

Looking forward to seeing you soon,

Amy

Amy Brunell, Thanksgiving Dean

PS – Remember, if rain is predicted for the holiday weekend, then we will get snow at camp! Pack warm gear and heavy coat. Check your antifreeze. Make sure you are prepared for all weather.



What to Bring

- Warm, waterproof jacket
- Hat/knit cap(s)
- Scarf
- Long pants/snow pants
- Long-sleeved shirt, T-shirt
- Comfy pants/sweatpants
- Sweatshirt, sweater
- Warm PJ's
- Underwear and at least 5 pairs of socks
- 2 pairs waterproof shoes/boots
- Sleeping bag or flat sheets & blanket
- Pillow
- A really great movie on DVD
- Snow sled
- Books, jokes, skits, stories, games
- 2 towels
- Dirty clothes bag
- Mittens
- Prescription meds in original med bottle
- Soap, shampoo, comb & hairbrush
- Toothbrush & toothpaste
- Lotion, sunscreen, lip balm
- Favorite music, instruments
- Camera & fresh batteries
- Water bottle – to refill
- Flashlight & fresh batteries
- Bike helmet with your name on it (for sledding)
- Funny hats and costumes
- CHAINS!

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

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

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

Camp email: uucamp@aol.com Camp website: www.uucamp.org

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

Camp de Benneville Pines RULES

- 1) All persons using the Camp facilities must comply with all federal, state and local laws.
- 2) There is no smoking inside buildings or along trails. Smoking is only allowed on cabin decks or inside enclosed cars. Use the green cigarette containers to dispose of butts.
- 3) Do not bring non-prescription or recreational drugs (including marijuana) to Camp.
- 4) Wear enclosed shoes or boots at all times, unless at the swimming pool.
- 5) After unloading at your cabin, park your car in the main lot with the back end of your car pointing into the woods. This will help you to leave Camp quickly in an emergency. Keep your car keys on you at all times. Bring a spare key and keep in luggage.
- 6) In the event of an emergency situation, an alarm will sound. Evacuate your cabin immediately and gather in the area behind the lodge kitchen (volleyball court). Check-in with the Camp Dean or Camp Manager for further instructions.
- 7) Camp dogs are never to leave the camp premises without permission of the Camp Manager.
- 8) No weapons or guns may be brought onto the Camp premises.
- 9) No explosives, flammable liquids or poisonous substances shall be brought to Camp.
- 10) Please keep any recorded or amplified music played in the Lodge turned down for background music only, unless it is being used for a workshop or talent show presentation.
- 11) Persons under the age of 18 may not use the Lodge or Coffee House between midnight and 6 am unless supervised by a person 25 years or older.
- 12) No one shall use tools, power tools or Camp machinery without the permission of the Camp Management. This would include tools needed for craft projects.
- 13) All crafts using spray paint, glitter, wax or plaster must be done outside. These projects are not allowed inside Camp buildings.
- 14) Camp vehicles will not be used for the transportation of campers except in an extreme medical emergency. Campers and staff must wear seat belts while riding in Camp vehicles.
- 15) The burning of candles, lanterns or incense is not allowed inside any building or recreational vehicle on Camp property. Some exceptions may be made in the Lodge for workshop purposes.
- 16) **DO NOT BRING YOUR PET TO CAMP.** THE ONLY EXCEPTION WE MAKE IS FOR CERTIFIED AND TRAINED ASSISTANCE ANIMALS (such as a Seeing Eye Dog).
- 17) There is very limited WiFi access in Camp. We are on a shared broadband system, and using the system to download music, movies or games is not allowed. When we exceed our allowed usage, the broadband is slowed down to dial up speed. Time to unplug and enjoy Camp and all the fun activities! Leave your computer work for when you get back home. Hike a trail, go canoeing, read a book—unplug!
- 18) We DO ASSESS damage charges for graffiti, excessive wear and tear, chewing gum and other adhesives found in the carpet and furniture. We want to keep things in good order for the next group.
- 19) Please close all cabin doors to keep the heat in and the critters out!
- 20) Carry chains October – May while traveling in the San Bernardino Mountains.
- 21) Bring all prescription medications in their original bottle and keep out of reach of children.
- 22) Keep an eye on your children while in Camp. They are always your responsibility. Know where they are playing and what they are doing.
- 23) **Swimsuits are required at the pool and hot tub.**
- 24) No one under the age of 14 may ever be in the hot tub.
- 25) Never use the hot tub alone. No glass containers or alcoholic beverages allowed at the hot tub. Please keep the following numbers in your wallet or pocket while in Camp: Camp Manager Janet James' cell 909-435-6298; Maintenance Supervisor Frank Haahr's cell 760-600-6012. TEXT or CALL either number.

Emergency Information and Release Form for Families Attending Camp de Benneville Pines

Parent (Primary Insured) at Camp _____ DOB _____

Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Gender _____

Second Parent at Camp _____ DOB _____ Gender _____

Child Camper _____ DOB _____ Gender _____

Child Camper _____ DOB _____ Gender _____

Child Camper _____ DOB _____ Gender _____

List additional family members on reverse

Please initial each Release below and submit to camp as part of the Check-in process

Medical Release

_____(initial) I understand that if a family member or 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.

_____(initial) I hereby give permission for the camp Health Supervisor to provide routine health care and emergency medical treatment, including ordering x-rays or routine tests for myself or family members. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

_____(initial) 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 to myself or family members.

Release of Liability

_____(initial) I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in camp activities. This discharges in advance Camp de Benneville Pines, its employees and other agents from liability even though that liability may arise out of their negligence. I know that being in a forest retreat setting involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns.

_____(initial) I agree to follow the safety rules of camp and assume responsibility to ensure my children also follow the rules.

Release of Contact Information

_____(initial) I understand my contact information above will be shared with Camp so they can keep me in the loop on what's happening all year long. Camp will not share any information with third-party entities, ever.

Photo Release

_____(initial) I give permission and consent for all persons associated with my registration to allow photographs/video to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Camp de Benneville Pines and its agents to illustrate and promote the camp experience, Camp de Benneville Pines, and its camp programs. Camp will not identify Campers by name without their permission.

If family is covered by medical/hospital insurance, attach a copy of your card to this form. If you have no insurance, please provide social security numbers for each family member at camp on a separate piece of paper so care can be obtained at County Hospital.

Emergency Contact (not at camp)

Name _____ Phone #1 _____

Phone #2 _____ Email/SMS _____

Known allergies to food, medication and/or anesthetics, environmental factors. Indicate which family member and describe reactions (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).

Signature _____ Date _____

Camp Dates _____

Cabin _____

Family Name _____

Emergency Information and Release Form for Adults Attending Camp de Benneville Pines

Name _____ DOB _____
Address _____ City/State _____ Zip _____
Home Phone _____ Cell Phone _____
Email _____ Gender: Male _____ Female _____ Gender Neutral _____

Please initial each Release below and submit to camp as part of the Check-in process

Medical Release

_____(initial) 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.

_____(initial) I hereby give permission for the camp Health Supervisor 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.

_____(initial) 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.

Release of Liability

_____(initial) I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in camp activities. This discharges in advance Camp de Benneville Pines, its employees and other agents from liability even though that liability may arise out of their negligence. I know that being in a forest retreat setting involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns.

Release of Contact Information

_____(initial) I understand my contact information above will be shared with Camp so they can keep me in the loop on what's happening all year long. Camp will not share any information with third-party entities, ever.

Photo Release

_____(initial) I give permission and consent for all persons associated with my registration to allow photographs/video to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Camp de Benneville Pines and its agents to illustrate and promote the camp experience, Camp de Benneville Pines, and its camp programs. Camp will not identify Campers by name without their permission.

Emergency Information – all information below will be shredded after camp. We do not retain medical records for adult campers.

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 _____

Known 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)

Signature _____ Date _____

Emergency Information and Release Form for Youth Attending Camp de Benneville Pines

Name _____ DOB _____ Age at camp _____

Address _____ City/State _____ Zip _____

Custodial Parent _____ Phone #1 _____

Phone #2 _____ Email/SMS _____

Gender: Male ___ Female ___ Gender Neutral ___ Will you be out of town while your child is at camp? YES / NO

Additional Parent/Guardian or Emergency Contact (required) _____

Home Phone _____ Cell Phone _____ Email _____

If not available, Notify: _____ Relationship _____

Home Phone _____ Cell Phone _____ Email _____

Please initial each Release below and submit to camp as part of the Check-in process

Medical Release

_____(initial) Parent/Guardian Authorizations: The attached 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 below. 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.

Release of Liability

_____(initial) I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in camp activities. This discharges in advance Camp de Benneville Pines, its employees and other agents from liability even though that liability may arise out of their negligence. I know that being in a forest retreat setting involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns.

Release of Contact Information

_____(initial) I understand my contact information above will be shared with Camp so they can keep me in the loop on what's happening all year long. Camp will not share any information with third-party entities, ever.

Photo Release

_____(initial) I give permission and consent for all persons associated with my registration to allow photographs/video to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Camp de Benneville Pines and its agents to illustrate and promote the camp experience, Camp de Benneville Pines, and its camp programs. Camp will not identify Campers by name without their permission.

Emergency Information

Medical Insurance Company _____ (attach a photocopy of front and back of health insurance card to form)

Policy # _____ Group # _____

Restrictions: Red Meat Pork Dairy Products Poultry Seafood Eggs (circle all that apply) Other _____

Explain any restrictions to activity: what cannot be done, what adaptations or limitations are necessary (use other side for additional information) _____

Known allergies to food, medication and/or anesthetics, environmental factors (use other side for additional information) _____

Describe reaction and usual management of reaction (use other side for additional information) _____

Signature _____ Date _____

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)

Has/does the camper:

- | | |
|--|---|
| 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. Ever had emotional difficulties for which professional help was sought? Y / N |
| 14. Ever had high blood pressure? Y / N | 29. Waived or missed any scheduled immunizations? 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 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 _____ Hm Phone _____ Cell Phone _____

Name _____ Hm Phone _____ Cell Phone _____

Name _____ Hm Phone _____ Cell Phone _____

Name _____ Hm 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:

To Camp - Phone _____ Alternate Phone _____

From Camp - Phone _____ Alternate Phone _____

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.

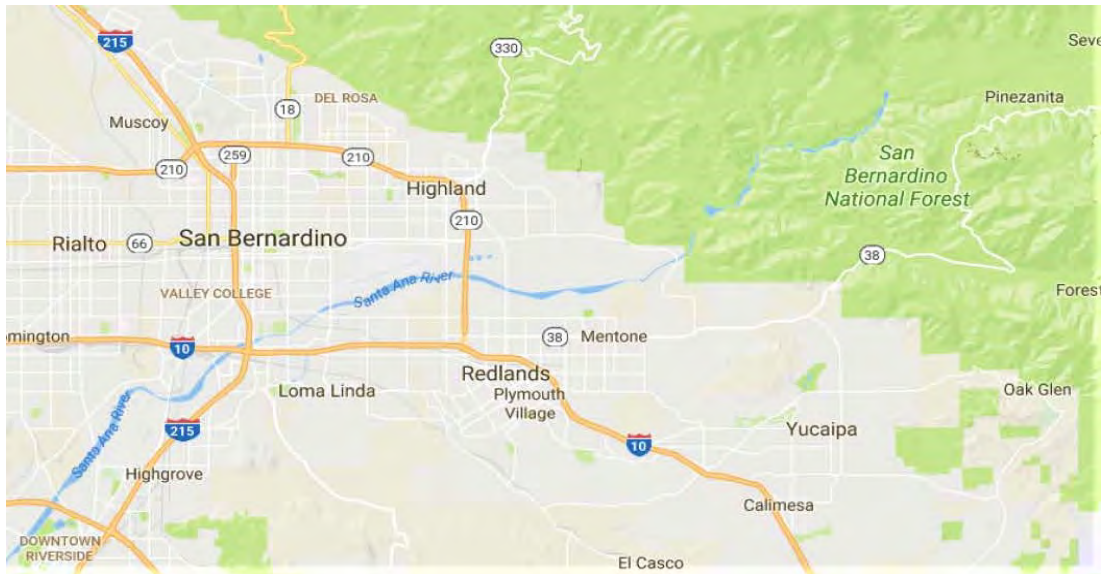
If you use the services of a chain installer, make sure you get a receipt and then write the installer’s badge number on it. Chain installers are independent business people and are not employed by Cal Trans. They set their own rates, which generally run between \$20 and \$25 per vehicle. Chain installers 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/
- ❖ Camp telephone numbers: Office: 909-794-2928 Lodge: 909-794-8712 Camp Director: 909-435-6298
- ❖ Camp Director’s email address: uucamp@aol.com Camp website: www.uucamp.org

DIRECTIONS to Camp de Benneville Pines



- Arizona:** Take the I-10 West to Exit 85 - 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 become the I-215 East toward San Bernardino. Take the I-10 East to Redlands. Follow the directions in **BOLD below** from Redlands.
- Las Vegas:** Take the I-15 South to San Bernardino. Take the 210 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.
- San Fernando Valley:** Take the 101 East to the 134 East to the 210 East. In 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.
- 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 and follow the directions in **BOLD below** from Hwy 38.
- Ventura:** Get on US-101 and exit onto I-210 East. Continue on I-210 and exit at Live Oak Canyon Road. Turn left, 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.
- Redlands:** From I-10, take University exit. Turn left on University. Turn right on Lugonia/Hwy 38. Follow the directions in **BOLD below** from Hwy 38.
- From 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 5.5 miles. Turn right on to Jenks Lake Road, West. The sign for Camp de Benneville Pines will be on the right, approximately 1.5 miles up. (If you see the sign for Seven Oaks on Hwy 38, you have missed the Jenks Lake turn. 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.