June 2022

Dear NCCJ ANYTOWN Applicant:

Congratulations! We are excited to invite you to join us as a Delegate to the 2022 Inter-District NCCJ ANYTOWN! As a future delegate, we welcome you to our family as a representative of yourself, your school, and your community. We expect each delegate to come with an open-mind and leave inspired to create change in their communities.

Please take a moment to read this packet carefully with your parents or guardians. Review and complete ALL attached materials and return them to NCCJ via email, fax, or mail by June 17, 2022.

NCCJ ANYTOWN

Dates: Sunday, August 7 – Friday, August 12

Location: Camp Wightman
207 Coal Pit Hill Road
Griswold, CT 06351

Other Dates

Acceptance Packet Due Friday, June 17
Virtual Parent Orientation (Optional) Wednesday, June 22 at 7:15pm

The virtual Parent/Guardian Orientation will discuss the various activities of the program; go over a sample schedule of a day at NCCJ ANYTOWN, transportation, safety concerns, food, and share experiences of NCCJ ANYTOWN alumni about their NCCJ ANYTOWN experience. It is highly recommended for parents/guardians to attend this important session. Delegates (meaning the student) may NOT attend this orientation.

There are various forms for you and your parent/guardian to fill out and sign (see “Forms I need to fill out” check list below). Without these forms, you will not be allowed to attend. These forms must be filled out completely and legibly and returned to NCCJ via email, fax, or mail.

All Delegates are required to be at NCCJ ANYTOWN for the entire session. If you have questions or concerns about this, please contact Christina Gray at NCCJ (339) 927.3752.

We look forward to meeting you at the NCCJ ANYTOWN!

Warmly,

Christina Gray
Director of NCCJ ANYTOWN
“FORMS I NEED TO FILL OUT AND RETURN” CHECKLIST

Please return all forms by Friday, June 10 to NCCJ

○ CONTACT INFORMATION & PAYMENT FORM
○ DELEGATE CONTRACT
  (This needs to be read and signed by applicant and parent/guardian.)
○ PARENT/GUARDIAN CONSENT FORM
  (This needs to be read and signed by applicant and parent/guardian.)
○ LAST MINUTE CANCELLATION FEE POLICY
○ COVID PRECAUTIONS AND PROTOCOLS
  (This needs to be read and signed by applicant and parent/guardian.)
○ NCCJ WAIVER OF LIABILITY
  (This needs to be filled out completely and signed by your parent/guardian.)
○ NCCJ PUBLICITY WAIVER
  (This needs to be filled out completely and signed by your parent/guardian.)
○ EMERGENCY CONTACT, FAMILY PHYSICIAN & MEDICAL INFORMATION
  (These two pages need to be filled out completely and signed by your parent/guardian.)

***Note – Please staple your forms so they don’t get lost or mixed up.

OTHER THINGS FOR YOU IN THIS PACKET

○ WHAT TO BRING AND NOT BRING

QUESTIONS? PLEASE CALL NCCJ ANYTOWN DIRECTOR AT (339) 927.3752

PLEASE KEEP THESE FIRST TWO PAGES, THEY DO NOT NEED TO BE TURNED IN.
CONTACT INFORMATION & PAYMENT FORM

Please print legibly!

DELEGATE NAME: ___________________________________________  BIRTHDATE: __________

PARENT/GUARDIAN NAME: ____________________________________

PARENTS CELL NUMBER: ___________________  PARENTS EMAIL: ____________________________

YOUR CELL PHONE NUMBER: ___________________  YOUR EMAIL: __________________________

Payment

I understand that by signing this contract and turning in my acceptance packet I am agreeing to pay the amount indicated on my acceptance email.

I will pay that fee via:

☐ Check – Please make checks out to: NCCJ ANYTOWN of CT. Place your check in an envelope with your full name on it and, attach the envelope to your acceptance packet.

☐ Online – Go to www.NCCJ.org and click “Donate” and make your payment. In the comments section, please write “ANYTOWN Payment – STUDENT NAME”

I, the undersigned, have read the Acceptance Fee Policy and agree to all the above.

Delegate Name (print): ___________________  Parent/Guardian Name (print): ___________________
Delegate Signature: ___________________  Parent/Guardian Signature: ___________________
Date: ___________  Date: ___________
DELEGATE GUIDELINES AND CONTRACT

Being a Delegate at NCCJ ANYTOWN means that you are not just representing yourself, you are also representing your school. You were chosen from many qualified applicants to attend NCCJ ANYTOWN; therefore, we ask that you be aware of your responsibilities and obligations to positively represent your school and community. The following guidelines have been established in order to support your NCCJ ANYTOWN experience. Please initial next to each guideline that you have read and agreed to the guideline.

Initial: ___________________________________________, as a Delegate, I agree to:

(First and Last Name)

____ 1. Actively participate in all parts of the program, to the best of my ability. Making sure I am on time for all events.

____ 2. Meet as many people as I can and help others feel wanted, accepted, and included.

____ 3. Look for opportunities to see the positive, not the negative, in people and situations.

____ 4. Be ecologically alert. I will not drop trash or paper on the ground and will not waste water. I will pick up any trash I see even if it’s not mine because that’s what builds community – when we all take responsibility. I will take short 5-minute showers, recycle cans in the appropriate containers, turn off lights when not in use and respect the cabins by not damaging, defacing, vandalizing, etc. in any way.

____ 5. Stay on the camp grounds at all times. If I find myself not wanting to be in the program, I will let the staff know so they can call my parent/guardian or agency to pick me up. I understand that NCCJ ANYTOWN is a voluntary program.

____ 6. Keep the skits or other performance-based programs at NCCJ ANYTOWN free of heavy sexual overtones or other offensive behavior/attitude/language. I understand that if I’m ever in doubt, I will contact the Directors of NCCJ ANYTOWN for advice.

____ 7. Not participate in cabin competitions or raid other cabins. I understand that this type of behavior is disrespectful and destroys the NCCJ ANYTOWN experience for others.

____ 8. Respect people’s privacy and view cabins as private bedrooms. I will not visit other cabins that I am not staying in except during specific programming supervised by NCCJ ANYTOWN staff. I will not invite other people into my cabin.
____ 9. Be aware of who I hang out, ensuring that I do not “clique” myself with the same people for the entire duration of NCCJ ANYTOWN. I will avoid getting into romantic relationships at NCCJ ANYTOWN; instead, I will get their number and call them after NCCJ ANYTOWN (or find them on social media).

____ 10. Do my best not to engage in offensive behavior/attitude/language for the full duration of the program.

____ 11. Stay in my cabin after “lights out,” except during emergencies. In which case, I will be instructed and supervised by a member of the NCCJ ANYTOWN staff.

____ 12. To participate in all activities with compassion, love and with the vision of building a stronger community that understands, respects and celebrates the unique qualities we all bring.

____ 13. Abide by all of the NCCJ ANYTOWN and Camp Wightman rules. If I am ever in doubt or disagreement, I understand that I may approach the Directors at any time for clarification.

____ 14. Participate in the development of all follow-up activities to the best of my ability after NCCJ ANYTOWN has ended. This includes but is not limited to attending NCCJ ANYTOWN follow-up meetings (about two meetings per month) and helping to carry out the action plans we will create at NCCJ ANYTOWN.

____ 15. Honestly represent my NCCJ ANYTOWN experience and take what I learn at NCCJ ANYTOWN back to my school, community and friends to the best of my ability.

____ 16. Help recruit Delegates for the next NCCJ ANYTOWN. This will include posting flyers, attending informational meetings and recruitment by word of mouth.

____ 17. I will use the opportunity given to me to attend NCCJ ANYTOWN as best as I can and learn as much as I can so that I may be a positive influence in creating a fantastic NCCJ ANYTOWN community.

I, the undersigned, have read and agree to all of the above.

Delegate Name (print): ___________________________  Parent/Guardian Name (print): ___________________________
Delegate Signature: _____________________________  Parent/Guardian Signature: ___________________________
Date: ___________  Date: ___________
PARENT / GUARDIAN CONSENT FORM

Please make sure both the Delegate and the parent/guardian read all parts of this consent form and sign where indicated.

1. I understand that the NCCJ ANYTOWN program is an intense human relations program that deals with a variety of topics that offer an opportunity for the delegate to grow and learn from. These topics will include prejudice, stereotypes, oppression, discrimination, violence, racism, sexism, sexual orientation, socio-economic class, family issues, interpersonal relationships, communication, individual and collective power and youth empowerment.

2. I understand that the Delegates who participate in activities centered around these topics often find them to be emotionally challenging. These emotions often come out in feelings of confusion, anger, happiness, sadness, pain, frustration, hope, disappointment, and excitement. Knowing this, I understand that my child has no known emotional or mental disabilities that would interfere with their participation in activities. I further vouch for my child’s ability to handle this subject matter in a mature manner. If my child does have a disability, I will contact the NCCJ ANYTOWN Director in writing by July 3, 2022 at cgray@nccj.org and inform them of the condition and any special needs.

3. I understand that although NCCJ of CT/WMA has taken enough precaution to provide proper organization, supervision, instruction, training, staffing and equipment for each activity, it is impossible for NCCJ of CT/WMA to guarantee absolute safety. I further understand that each participant shares the responsibility for safety during all activities and I assume that responsibility for my child I waive any claim that may arise against the Board of Directors of NCCJ of CT/WMA and/or its employees, agents or volunteers.

4. I understand that if the NCCJ ANYTOWN Director(s) must send my child home for any reason, I agree to leave to pick up my child within one hour of the call (unless other arrangements are made with the NCCJ ANYTOWN Director(s)). I understand that my child may be sent home for any reason, including but not limited to; sexual harassment, sexual relations, violence, concealing weapon/drugs or generally creating an unsafe environment for other participants. I further understand that I may be called at any time during the program to arrange for my child’s transportation home and that I will be responsible for all costs associated with such transportation.

5. I have read and understand all the enclosed documents in this packet.

Delegate Name (print): ___________________________ Parent/Guardian Name (print): ___________________________
Delegate Signature: ___________________________ Parent/Guardian Signature: ___________________________
Date: ___________ Date: ___________
LAST MINUTE CANCELLATION FEE POLICY

I understand that by signing this contract and turning in my acceptance packet I am making a commitment to attend all of the NCCJ ANYTOWN (August 7-12,2022), in it’s entirely. If I cannot attend one day of NCCJ, need to arrive late, or need to leave early, I understand I cannot attend NCCJ ANYTOWN this summer. I further understand that cancelling last minute means that someone else does not get the opportunity and my spot at NCCJ ANYTOWN.

Therefore, if I cancel after Sunday, July 3, 2022 and/or do not show up for the bus on August 7, 2022, I understand I will be billed $100 for cancelling last minute and agree to pay that $100 to the NCCJ.

A credit card number is necessary in case of last minute cancellation. The credit card will not be charged without notification in advance.

☐ Mastercard or Visa #: _____ - _____ - _____ - ________ Expiration date __ / __
   Name on card: ____________________________________________________________
   Billing address: ___________________________________________________________________

☐ I do not have a credit or debit card and will contact NCCJ for alternate arrangements.

I, the undersigned, have read the Last-Minute Cancellation Fee Policy and agree to all of the above.

Delegate Name (print): ___________________________ Parent/Guardian Name (print): ___________________________
Delegate Signature: _______________________________ Parent/Guardian Signature: _______________________________
Date: _______________ Date: _______________
COVID PRECAUTIONS AND PROTOCOLS

NCCJ follows current Federal and State COVID regulations and utilizes the CDC guidelines with regard to its COVID protocols.

Precautions
- Please do not attend the NCCJ training if you are feeling ill or are feverish.
- Before boarding the bus NCCJ ANYTOWN Delegates, Staff, and Advisors must already be wearing a mask and have their temperature checked by an NCCJ Staff member.

Crowd Pass
- NCCJ may be using the system CrowdPass and will inform participants if this is the case.

Vaccination
- Vaccination is not required but each person’s vaccination status will be collected to help inform our decisions on additional Covid Protocols.

Covid Tests
- NCCJ may require a negative Covid test.

Handwashing
- Required before every meals and encouraged throughout the day

Hand sanitizing
- Required before and after holding hands for songs or activities; encourage through the day.

Masks
- Mask wearing is optional.

Meals
- Masks will not be required during meals.

NCCJ reserves the right to change any of these protocols should conditions change.

I have read and understand all the protocols listed above.

Delegate Name (print): ________________________  Parent/Guardian Name (print): ________________________
Delegate Signature: ___________________________  Parent/Guardian Signature: __________________________
Date: ________________  Date: ________________
RELEASE AND WAIVER OF LIABILITY ("RELEASE")

I ____________________________, understand and acknowledge that I may participate in activities, trips and programs sponsored by NCCJ ANYTOWN and/or the NCCJ involving direct, indirect and inherent risk of injury to person or property, and that I assume full responsibility for all such risk. I certify that I am qualified, in good health, and in proper physical condition to participate in such activities, trips and programs, and that I have no condition, illness or abnormality which might subject me to undue personal risk by engaging in such activities, trips and programs. In consideration of services rendered and benefits conferred by NCCJ ANYTOWN and/or NCCJ, and as a condition of enrolling in NCCJ ANYTOWN, I hereby give this Release; confirm that I am authorized to do so; and hereby release, waive, covenant not to sue, and agree to hold harmless and indemnify NCCJ ANYTOWN and NCCJ and their members, agents, directors, board members, administrators, volunteers, officers, employees, staff and assigns (the "Releasees") from any and all liabilities, claims, demands, causes of action and/or suits for damages and/or losses (including but not limited to physical injury and property damage), that I may sustain as a result of any accident or occurrence resulting from participation in any NCCJ ANYTOWN and/or NCCJ sponsored activity, trip or program, or from my use of the premises and facilities of NCCJ ANYTOWN and/or NCCJ.

I further agree that if, despite this Release, I or anyone on my behalf makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, losses, liabilities, damages and/or costs that may incur as a result of such claim. I certify that I have read this Release, understand that I have given up substantial rights by signing it, and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release and waiver of all liability to the greatest extent allowed by law. I agree that if any portion of this Release is held to be illegal, invalid or unenforceable under law, the balance, notwithstanding, shall continue in full force and effect.

Delegate Name (print): ____________________________  Parent/Guardian Name (print): ____________________________
Delegate Signature: ____________________________  Parent/Guardian Signature: ____________________________
Date: ____________  Date: ____________
PUBLICITY WAIVER

NCCJ may take pictures, audio and/or video recordings during programming for use when training staff and for publicity purposes.

This letter acknowledges that you have consented to NCCJ, and affiliated media sources, to use your voice, image and likeness for staff training and promotional purposes. You agree to irrevocably and unconditionally release NCCJ and its related entities from all right or claim related to or stemming from such use, including, but not limited to, claims under right of publicity and right of privacy laws.

You represent and warrant to NCCJ that you acknowledge that this waiver is voluntary and NCCJ is not obligated to provide you with any specific compensation for use of your voice, image and likeness for staff training and promotional purposes. You acknowledge that this waiver is applied to NCCJ ANYTOWN and all future NCCJ programs that your child participates in.

I understand that NCCJ or the media may use my likeness, voice or image for training, news, and/or publicity purposes:

Delegate Name (print): ________________________  Parent/Guardian Name (print): ________________________
Delegate Signature: ___________________________  Parent/Guardian Signature: ________________________
Date: ____________  Date: ____________
EMERGENCY CONTACT, FAMILY PHYSICIAN & MEDICAL INFORMATION
(Please type or print clearly. It is crucial that you complete all requested information.)

Delegate’s Full Name:________________________________________________________

Primary Emergency Contact Person Name and Relationship to Delegate: ____________________________

Primary Emergency Contact Person Phone Number: ____________________________
(daytime, evening, cell, etc.)

Secondary Emergency Contact Person Name and Relationship to Delegate: ____________________________

Secondary Emergency Contact Person Phone Number: ____________________________
(daytime, evening, cell, etc.)

Family Physician Name:________________________________________________________

Family Physician Phone: ____________________________________________________________
(daytime, evening, cell, etc.)

Date of last tetanus shot: ____________________________

Does your child have any physical disability?     □ YES       □ NO
If yes, do you require any special accommodations (i.e. restricted activities, asthma, hearing, visual, etc.)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Does your child have any psychological, developmental, emotional, or learning disability?  YES  NO  □  □
If yes, do you require any special accommodations (i.e. fidgeting toys, large print, review of directions, schedule, additional check – in’s, etc.)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Has your child ever had surgery or serious injuries?     □ YES       □ NO
If Yes, please list, including dates.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please offer any necessary health information that is not included on the form.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
INSURANCE INFORMATION

Delegates should have their own healthcare insurance. Please complete the following information regarding your insurance coverage.

Name of Insurance:_________________________ Name of Policy Holder:_________________________

Policy Number:_________________________ Group Number:_________________________

Policy Holder Signature:_________________________________________________________________

EMERGENCY RELEASE

In the event of any accident or illness which requires emergency medical care, I give my permission, if I cannot be reached, to the attending licensed physician to order or administer medication, anesthesia, or surgical procedure as deemed necessary for the health and safety of the delegate for whom I am responsible, named on page 1 of this form. Below, I have provided my name and telephone number so that I may be notified immediately if an emergency situation arises.

Name of Parent/Guardian_________________________

Signature of Parent/Guardian:_________________________ Date:____________________

ON THE NEXT PAGE, PLEASE FILL OUT A MEDICAL AUTHORIZATION FORM FOR EACH MEDICATION YOUR STUDENT WILL NEED DURING THEIR STAY AT NCCJ ANYTOWN. THIS INCLUDES ANY OVER-THE-COUNTER AND SELF-ADMINISTERED MEDICATION. PLEASE DUPLICATE THE NEXT PAGE IF NECESSARY.
Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child’s name, name of medication, directions for medication’s administration, and date of the prescription.

Authorized Prescriber’s Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Medication Name/Generic Name of Drug________________________________________

Controlled Drug? □ YES □ NO

Condition for which drug is being administered:________________________________________

Specific Instructions for Medication Administration

Dosage______________________________Method/Route_______________________________________

Time of Administration ___________ If PRN, frequency_____________________________

Medication shall be administered: Start Date: _____/_____/_____ End Date: _____/_____/_____

Relevant Side Effects of Medication ____________________________________________________ □

None Expected

Explain any allergies, reaction to/negative interaction with food or drugs_____________________________________

Plan of Management for Side Effects

______________________________

Prescriber’s Name/Title ____________________________________Phone Number (_____) ______________

Prescriber’s Address ________________________________________________ Town ___________________

Prescriber’s Signature ________________________________ Date _____/_____/_____

School Nurse Signature (if applicable)

Medication will be dispensed by a licensed medicap professional.
Parent/Guardian Authorization:
☐ I request that medication be administered to my child/student as described and directed above.
☐ I hereby request that the above ordered medication be administered by school, childcare and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, childcare nurse or camp nurse necessary to ensure the safe administration of this medication.
☐ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For childcare only)

Parent/Guardian Signature________________________ Relationship______________ Date ____/____/____

Parent/Guardian’s Address
______________________________________________Town___________________State_____
Home Phone ____________________ Work Phone ________________ Cell Phone __________________

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student’s parent or guardian or eligible student.

Prescriber’s authorization for self-administration: ☐ YES ☐ NO
________________________________________________________
Signature Date

Parent/Guardian authorization for self-administration: ☐ YES ☐ NO
________________________________________________________
Signature Date

School nurse, if applicable, approval for self-administration: ☐ YES ☐ NO
________________________________________________________
Signature Date

*********************************************************************************************************************************************

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)
WHAT TO BRING

Please bring comfortable, casual clothing for indoor and outdoor activities – T-shirts, jeans, shorts, sandals, sneakers. New England weather is unpredictable so come prepared with warm and cool clothing.

The cabins will have mattresses but no pillows or linens. Delegates should bring their own towels, pillows, sheets, and blankets/sleeping bags. Put your name on everything you bring, including your suitcase, duffle bag, or backpack. There are no washers or dryers, so bring enough clothes to last six days/five nights. The cabins have electricity, so you can bring hair dryers and irons if you will need them.

**Bring:**

- Jeans, shorts, t-shirts
- Pajamas
- Socks & Undergarments
- Sweatshirt and/or light jacket (it does get cold at night, bring layers)
- Bathing suit
- Raincoat and/or umbrella
- Sneakers, hiking boots, rugged sandals/Tevas, or other sturdy, comfortable shoes (no heels)
- Shower shoes (flip-flops work well)
- Bedding: pillow, sheets, blanket(s), sleeping bag
- Towels (for bathing and swimming), facecloth, handtowel
- Toiletries (toothbrush, toothpaste, soap, shampoo, lotion, deodorant, tampons/pads, razor, etc.)
- FLASHLIGHT with extra batteries
- Bug Repellent, Sun block, sunglasses, hats
- Camera (digital and/or film) – you will not have your phone
- Wristwatch – you will not have your phone – so a way to keep time
- Prescription medications (in the original container). Please bring a five (5) day supply. The nurse will collect your prescription medication at the start of camp and distribute it to you as needed.
- Self-care items (essential oils, journal, yoga mat, favorite book, musical instruments, poetry, coloring book and color pencils/markers, etc.)
- Clothing, music, religious artifacts, crafts, stories, or poems that reflect your ethnic, cultural, religious and/or personal identity (these will be used during Culture Night).

**Do NOT Bring**

- Laptops, tablet, smart watches, IPods or other electronic devices or devices that connect to the internet. These will be collected the first day of camp and stored in a safe place. These items will be returned to you at the end of camp.
- Over the counter medication. The nurse will have a first aid kit with various over the counter medication and will distribute it as needed.
- Illegal Drugs or Alcohol
- Weapons. Weapons of any kind are not allowed at NCCJ ANYTOWN.
INFORMATION FOR YOUR PARENT/GUARDIAN

EMERGENCY CONTACT INFORMATION AT CAMP WIGHTMAN

Please do not expect phone calls from your child. Part of the NCCJ ANYTOWN experience is living in the moment and in the community we create there. This means that it is important to leave the rest of the world and our worries about it where they are while at NCCJ ANYTOWN. For this reason, delegates will only be allowed to call home if there is an emergency (or an intense case of homesickness).

If there is an emergency and you need to contact one of the Delegates or someone on the NCCJ ANYTOWN staff during the program, please call the Camp Office at: (860)-376-2179 and tell them you are trying to contact someone with the NCCJ ANYTOWN group.

The NCCJ ANYTOWN leadership will have a cell phone and will check messages left on it on a regular basis (at least three times a day). The emergency contact number is 203.512.2022. You may text if it is easier. This cell phone is the best way to get a message to a delegate or staff members, however in the event of an emergency or if you need to contact someone immediately please call Camp Wightman contact number listed above. They will come get us while we are in the middle of workshops/activities when Directors cannot check their messages.

CAMP SITE INFORMATION

NCCJ ANYTOWN is located at Camp Wightman in Griswold, CT. Located on Billings Lake in southeastern Connecticut, facilities include 250+ acres with a beach, recreational spaces and endless walking trails. This is the place to be in the middle of summer! Lifeguards will be on duty for all water activities. To learn more about the camp, go to: www.campwightman.org/ or contact our office at 860-683-1039.

It is always nice to get mail from loved ones while away at camp. If you would like to mail something to a delegate, please address it to:

Delegate’s Name  
NCCJ ANYTOWN c/o Camp Wightman  
207 Coal Pit Hill Rd  
Griswold, CT 06351

If you choose to mail something, please be sure it will arrive by Wednesday, August 10, 2022.
CULTURE NIGHT

The last night of NCCJ ANYTOWN is Culture Night. Culture Night is a time for Delegates and staff to come together, celebrating our identities and cultures. This is also the only time parents, guardians, friends, and mentors are invited to join the NCCJ ANYTOWN community. This year, NCCJ ANYTOWN Culture Night will take place on Thursday, August 11 at 7:00 PM at Camp Wightman.

Everyone at NCCJ ANYTOWN (Delegates and staff alike) will be in a Culture Group representing their ethnic and cultural heritage. Each group will spend time dialoguing with one another about what it’s like to be a member of both the racial identity and culture group that they have chosen to participate in. Each group will also spend time putting together a presentation to perform at Culture Night. The presentations usually share with the audience about the culture and celebrate it at the same time. They have been known to incorporate song, dance, poetry, skits, and a variety of other mediums.

NCCJ ANYTOWNers also have the opportunity to form and join other Culture Groups. The following are some examples of Culture Groups that have been formed in the past NCCJ ANYTOWNs: Jewish, Women, Men, Punk, Hip-Hop, and Gay/Lesbian/Bisexual/Transgender, sports, artists, etc. Anybody can join any of the groups either as a person who has the identity represented or as someone who is an ally to people who have the identity.

Culture Night is the only time delegates can invite non-NCCJ ANYTOWNers into our community. Many times NCCJ ANYTOWNers decide to invite family members or close friends to Culture Night to celebrate with them. Other times NCCJ ANYTOWNers decide not to invite anybody for various reasons. The decision to invite people to Culture Night or not is entirely up to each individual NCCJ ANYTOWN Delegate. If you would like to invite someone to Culture Night, give them the following information.

I would like to invite you to join me at NCCJ ANYTOWN’s Culture Night. This is a night where the NCCJ ANYTOWN family will celebrate each other’s cultures and identities. I hope to see you at NCCJ ANYTOWN!

NCCJ ANYTOWN Culture Night
7:00 PM on Thursday, August 11.

Camp Wightman
207 Coal Pit Hill Road
Griswold, CT 06351

Culture night will take place in the Raff Dining Hall. Visitors can Park in the lot immediately before. Please try to arrive on time. Directions to Camp Wightman are on the following page.
Camp Wightman Directions

Please use the following for your GPS:
299 Coal Pit Hill Road, North Stonington, CT

Hartford:

CT.2 East
Ext: 28 N / 395 N
Ext 22 (Be in Right lane & go STRAIGHT through first light (Intersection of 164))
**As you continue, Tractor Supply & Ocean State on your right**
At Second light – RIGHT onto Rt. 138
(3.9 mi) RIGHT onto Rt. 201 Glasgo Rd
It’s another 4+ mi but at 4-way intersection, go STRAIGHT
On corner, Turn LEFT onto Coal Pit Hill Rd. (It’s a dirt road, you will see Camp Wightman Sign)
Follow all the way into camp

Massachusetts:

395 S
Ext: 22 LEFT onto Rt. 138
(3.9 mi) RIGHT onto Rt. 201 Glasgo Rd
It’s another 4+ mi but at 4-way intersection, go STRAIGHT
On corner, Turn LEFT onto Coal Pit Hill Rd. (It’s a dirt road, You will see Camp Wightman Sign)
Follow all the way into camp

Providence:

95 S.
Ext: 93 onto CT 216 (Towards Clarks Falls)
RIGHT onto Rt. 184 Clarks Falls Rd
LEFT onto Rt.184 Providence/New London Tpk.
At Roundabout take FIRST RIGHT Rt. 2 Norwich/Westerly Rd.
(4 Mil) RIGHT onto Cossaduck Hill Rd. (BIG hill)
*** When you go through some sharp S curves, you are getting close.
When the road goes down then sharp right, it will go back up hill. At the top on, on the corner,
is the camp road***
(5.2 mi) RIGHT onto Coal Pit Hill Rd. (It’s a dirt road, you will see Camp Wightman Sign)
Follow all the way into camp.