



Olmsted Center Retreat Planner

When planning your retreat it is best to have 2-3 options from your group for retreat dates to assure that the center and your speaker are available. Keep in mind the dates for other important events that may involve members of your target group. Even if the event is not on the same date, the cost may prohibit committing to both the retreat and the event.

Once you have decided on dates, call us to check availability. You should have a general idea of the maximum number of participants you expect to attend. This will help decide which facility, or facilities, you will need to reserve.

When you have booked with Olmsted, you will receive a Registration Packet. Within two weeks (or less, if your retreat is within two months of booking) complete your paperwork and return it with your deposit, payable to Five Points Mission. The following items are included in your packet.

- ☐ **Group Application & Contract:** Complete and return with your Deposit and Certificate of Insurance within 2 weeks. The certificate of insurance should name Five Points Mission, 114 Bay View Avenue, Cornwall on Hudson, NY 12520 as "additional insured" for the dates of your retreat.
- ☐ **Sign up sheet:** Take this with you to church/meeting/work where prospective participants will be.
- ☐ **Individual Participant Application:** Copy and distribute to all participants. Let them know when they must be returned to you. You need to return them to us with your second 25% deposit 2 months prior to retreat date.
- ☐ **Youth Leader Memo:** Please adhere to ratios for supervision of minors listed here and remind your chaperones of the importance of never being alone with a minor.
- ☐ **Consent to Treat and Release Form:** The Consent Form must be completed for each minor attending by their parent or guardian. The Release Form is to be completed by anyone of any age who may participate in a Ropes Course Activity at Olmsted Center.
- ☐ **Participant Checklist:** Add names when a commitment has been made to you with a deposit, if required by your church/organization.
- ☐ **Certificate of Insurance Information Sheet:** If you do not have insurance for your group you may use the information here to obtain a temporary certificate.
- ☐ **Brochure:** Let us know if you would like additional brochures to distribute.
- ☐ **Directions/Arrival Information:** Make copies for all drivers. Be sure to let drivers know which facility you are using – Kirkwood, Manor, Cabins or Dining Hall.
- ☐ **Room Assignment Sheet(s)** – Make room assignments ahead of time to help check-in run smoothly. If you email the completed sheet to me, early arrivals can settle into their rooms before you arrive.



FIVE POINTS MISSION
OLMSTED CENTER

PO Box 291, 114 Bay View Avenue
Cornwall on Hudson, NY 12520
olmstedctr@aol.com www.fivepoints.org
845.534.7900

PLEASE COMPLETE THIS FORM. IF OUR OFFICE HAS APPROVED YOUR RETREAT DATES, RETURN THE FORM WITH YOUR DEPOSIT CHECK **PAYABLE TO FIVE POINTS MISSION.**

MAIL TO: FIVE POINTS MISSION, P.O. BOX 291, CORNWALL ON HUDSON, NY 12520

CANCELLATION POLICY: Cancellation of the retreat sixty days or less prior to arrival date reserved will result in forfeit of deposit(s) unless another group is booked for that time period. If we are able to schedule another group for that day, a \$200 administration fee will be deducted from your returned deposit. Prior to 60 days, a \$200 administration fee will be deducted from your returned deposit.

Name of Organization: _____ 501(c)(3)#: _____

Name and Address of Contact Person (include zip code): _____

E-Mail: _____ @ _____ Organization Website(if available): _____

Home Phone: _____ Work or Cell Phone (if ok to call): _____

DESIRED DATES for Retreat: _____ to _____
Month/day/year Arrival Time Month/day/year Departure Time

FACILITIES NEEDED for Retreat (Please Circle):

MANOR HOUSE
(Minimum: 15; Max: 24)

KIRKWOOD HOUSE
(Minimum: 15; Max: 20)

CABIN(S)
(Min.: 15; Max: 69)

LINDSLEY DINING HALL
(Max: 115)

GROUNDS

IF RESERVING MORE THAN ONE FACILITY, MINIMUM TO RESERVE IS HIGHER. PLEASE CALL FOR DETAILS.

Number of people for whom you are reserving: _____

First meal (circle one): Breakfast/Lunch/Dinner on _____ Last meal (circle one): Breakfast/Lunch/Dinner on _____
8:00am / 12:30pm / 6:00pm DATE 8:00am / 12:30pm / 6:00pm DATE

Equipment Request (Please circle): Easel TV DVD Projector Screen

Would you like to request any of the facilities below? All are based on weather and availability.

- Ropes Course? (Weather permitting. Additional Fees apply). YES NO If yes, days & times? _____
- Pool? (Memorial Day thru Labor Day, only. Additional Fees apply). YES NO If yes, days & times? _____
- Campfire? (First come first served basis. Weather conditions permitting). YES NO If yes, day & time? _____

PLEASE SUBMIT A CERTIFICATE OF GENERAL LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY NAMING FIVE POINTS MISSION AS ADDITIONAL INSURED. THIS IS REQUIRED BY OUR INSURANCE COMPANY. THANK YOU.

INVOICE # _____ 1ST DEPOSIT: \$ _____ CK# _____ 2ND DEPOSIT: \$ _____ CK# _____ OFFICE STAFF: _____
RATE: \$ _____ CODE: _____ GUEST NIGHTS: _____ CERTIFICATE OF INS. REC'D: _____ IPA'S REC'D: _____



CONTRACT – GROUP CONTACT PERSON: PLEASE READ & SIGN

This is a contract between _____ and
Olmsted Center (Five Points Mission) made on _____
DATE

Olmsted Center agrees to:

- ✓ Reserve facility specified on your application for your group, upon receipt of your 25% deposit before the two-week deadline and receipt of your second 25% deposit before the two-month prior to retreat deadline. Upon arrival your account balance should be at 50% or less. This amount is due upon arrival.
- ✓ Refund the initial deposit, minus a \$200 administration fee, if the reserving group cancels the retreat prior to the two-month before retreat deadline.
- ✓ Refund the deposit, minus a \$200 administration fee, if we are able to book another group for the dates of your retreat and the reserving group cancels after the two-month before retreat deadline.
- ✓ Provide meals at scheduled times and snacks with beverage service at different times throughout the day, unless other arrangements have been made with the center director. Breakfast 8:00am, Lunch 12:30pm, Dinner 6:00pm. Meals are always provided for our guests. \$33 of the cost is for 3 meals and a snack. Some special diets may be accommodated, if we are notified at least 3 weeks in advance. Any additional cost to us for special meal accommodations may be added to the final bill.
- ✓ Provide handicap accessibility to the first floors in Manor & Kirkwood, which includes the dining room, meeting rooms and bedrooms. Accessible bathroom is located across from the meeting room in Manor House and off of the sunroom in Kirkwood House. Unfortunately, our cabins are not wheelchair accessible.
- ✓ Provide linens for guests (pillow, sheets, blanket, towel, washcloth, and soap) in Kirkwood House and Manor House. These items are not provided in Cabins.
- ✓ Provide, upon request, equipment, such as lectern, TV, DVD, projector, and easel. In emergency situations, we can provide copies at 5 cents per copy. Faxes are \$1 per page to send and receive.
- ✓ FOR OUTGOING CALLS IN KIRKWOOD HOUSE YOU MUST HAVE A CALLING CARD OR CREDIT CARD TO MAKE A CALL. It is necessary to dial "9" to get an outside line. In case of an emergency, family of guests may reach them by calling the Olmsted office at (845) 534-7900 x11. When no one is on duty the voice mail will take the call.
- ✓ Provide a first aid kit for guest use located in each facility's kitchen. No first aid treatment will be provided by our staff. We provide insurance coverage for our guests. Guests requiring a trip to the doctor or hospital due to an injury on our property should see the center director for appropriate paper work before leaving for the medical facility, if possible. ALL ACCIDENTS MUST BE REPORTED TO THE CENTER DIRECTOR.
- ✓ Provide recreation facilities: Ping-Pong table (guests using dining hall, only), basketball court, tennis court, playing fields, hiking trails. Please bring your own equipment for outdoor games.



Rental Group agrees to:

- ☐ Pay deposits on time, as scheduled. Pay balance due for group's retreat upon arrival.
- ☐ Notify Olmsted Center immediately, if group has decided to cancel the booking.
- ☐ Reserve Kirkwood House for adult groups only. We welcome retreat groups including children to use our cabin facilities or Manor House. Please note that Manor House groups with children require an additional, refundable deposit. If you have children in your group, please call to reserve our cabins or Manor House.
- ☐ Devise a program schedule adhering to meal times stated previously, and allowing time at the beginning of the retreat for a center staff person to welcome and address the group.
- ☐ Provide adequate supervision for the group and provide the programming for the length of your stay. Youth must have a ratio of 1 adult chaperone for every 6 youth (ages 5-17). A greater number of chaperones is necessary for children younger than 5. **We recommend that you bring an adult who is certified in First Aid and CPR.**
- ☐ Provide recreation equipment that may be needed for your group, such as basketballs, playground balls, softballs, bases, bats, tennis balls, racquets, etc.
- ☐ Pay for any damage to physical property caused by a participant from the group. Indoor furniture may not be used outside. Please use table coverings when doing arts & crafts. **ONLY PAINTERS' TAPE ON WALLS, PLEASE.**
- ☐ Give at least 3 weeks notice to the center director, of any special dietary; needs of your group. This includes low-salt, low-fat, no red meat, no pork, vegetarian, and vegan. If it becomes necessary to prepare two completely separate meals, there may be an additional charge, though this is seldom the case. **Last minute requests may not be accommodated, so please check with all members of your group.**
- ☐ Remove sheets from beds and put them, along with towels and washcloths, into pillowcases the morning of departure from Kirkwood House or Manor House.
- ☐ Take responsibility for transportation of guest(s) to hospital, if needed. **EMERGENCY TRANSPORTATION MAY BE REACHED BY DIALING 911 FROM A CELL PHONE, OR 9-911 FROM ANY OTHER CAMP PHONE.** You must notify the center director as soon as possible of any injuries to guests.
- ☐ **Abide by Olmsted's policies:**

NO ALCOHOL, ILLEGAL DRUGS, FIREARMS, OR WEAPONS OF ANY KIND ARE PERMITTED ON OLMSTED'S PREMISES. GUESTS ARE NOT PERMITTED TO BRING PETS ON SITE.

NO SMOKING IS PERMITTED IN ANY BUILDINGS. THERE IS SMOKING ONLY IN DESIGNATED AREAS OUTSIDE.

PLEASE REVIEW THESE AGREEMENTS WITH YOUR GROUP MEMBERS SO THAT EVERYONE IS AWARE OF HIS/HER RESPONSIBILITIES. THANK YOU.

Please sign and return with your deposit payable to FIVE POINTS MISSION.

Signature of Group Representative

Date

Center Director

Date



FIVE POINTS MISSION
OLMSTED CENTER

RETREAT SIGN-UP

Please print your name and email address below
to receive information about our retreat at Olmsted Center in the Hudson Valley.

Space is limited to _____ people.

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Space is limited to _____ people.

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PO Box 291, 114 Bay View Avenue
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olmstedctr@aol.com www.fivepoints.org
845.534.7900

**INDIVIDUAL REGISTRATION
FOR RETREAT PARTICIPATION**

Contact person: MAKE A COPY FOR EACH RETREAT PARTICIPANT

Please fill out this form, and return it to the contact person for your retreat.

Please Note: Cancellation of the retreat sixty days or less prior to arrival will result in forfeit of deposit(s) unless another individual(s) is booked for that time period. If we are able to schedule another individual(s) for that day, one half of the deposits will be returned.

Retreat Group Name: _____ Dates of Retreat: _____
Name: _____ Phone: _____
Address (include zip, please): _____
E-mail Address: _____
PLEASE CHECK IF WE MAY SEND YOU OUR NEWSLETTER 3 TIMES PER YEAR ☐ by email ☐ by U.S. mail

In case of emergency contact name: _____
Address (include zip, please): _____
Relationship to Participant: _____
Home Phone: _____ Work or Cell Phone: _____

DIETARY INFORMATION

Please check all that apply.

- ☐ Allergic to (food products, only) _____ ☐ Gluten-free
☐ Pescetarian (fish & dairy, ok) ☐ Vegan (no animal products) ☐ No Pork ☐ No Red Meat

We try to cater our menus to each group's needs. Unfortunately, we cannot provide the necessary foods for all allergies. If you bring special foods with you that are medically necessary, we may be able to prepare them for you (for example, gluten free pasta or bread for toast/sandwiches). **If you have a severe allergy, please check with the kitchen at each meal to be sure that we have made accommodations for you.**

Please return this form to your retreat contact person no later than 4 weeks prior to the retreat.

Retreat Group Contact Person –

Please return all Individual Participant Registrations to:

Five Points Mission
P.O. Box 291
Cornwall on Hudson, NY 12520



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*To be completed
for all youth 17
or younger*

MEMO

To: *Retreat Coordinator*

From: *Olmsted Center*

Re: *Medical Consent to Treat for Minors (anyone 17 years or younger) and Supervision Ratios*

It is necessary for you to have a completed Permission to Treat form for each person under age 18 attending your retreat at Olmsted Center. This information should remain with the leader in a safe place until the child is released to the parent when you arrive home after the retreat. If a minor needs medical treatment during your retreat, you will need to have the form readily available for medical personnel.

Reminder: Please provide adequate supervision for your group. You must have a ratio of one adult chaperone for every six youth (ages 5-17) participating in your retreat. For the safety of those within your group and any other guests, all retreat participants are strongly advised to avoid one on one situations between an adult and a child within their group and/or on the property.



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It is the responsibility of the group leader to insure that only those individuals with completed forms participate in the activity/activities specified.

NAME OF PARTICIPANT: _____ DATE OF LAST TETANUS: ____/____/____

ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

HOME PHONE: (____) _____ CELL: (____) _____ WORK: (____) _____

Permission to Treat

I hereby give permission to the medical personnel selected by _____ to provide routine care;
NAME OF GROUP LEADER
to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance
purposes; and to provide or arrange necessary related transportation for my child, _____.

This completed form may be photocopied for trips.

Signature of Parent/Legal Guardian Relationship to Participant _____/____/____ Date

Name Printed _____

Release Form for All Ropes Course Participants

(Complete only if the ropes course has been reserved for use by your group)

I have requested Five Points Mission - Camp Olmsted to allow me to participate in the High and Low Ropes Course. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following:

I understand that my participation in this activity can expose me to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge Five Points Mission - Camp Olmsted its officers, agents, and employees from any and all claims or liability for personal injury or property damage I may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release and hereby release Five Points Mission - Camp Olmsted and the officers, agents, and employees of the camp for any negligence of the camp, or its officers, agents or employees.

Signature of Parent/Legal Guardian Relationship to Participant _____/____/____ Date

Name Printed _____

Address _____ City _____ State _____ Zip Code _____



FIVE POINTS MISSION
OLMSTED CENTER

RETREAT PARTICIPANT CHECKLIST

| | NAME | 1ST DEPOSIT | IPA | 2 ND DEPOSIT | BALANCE DUE | BALANCE PAID |
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Certificate of Insurance Notification

Groups using Olmsted Center's facilities are required to submit a Certificate of Insurance naming Five Points Mission as "additional insured" for the specific dates of the retreat.

If your organization has liability insurance, all you need to do is call your insurance company and give them the following information to include in the additional insured box on the form:

Additional Insured: Five Points Mission
114 Bay View Avenue
Cornwall on Hudson, NY 12520

They may fax the form directly to our office at (845) 534-3540 or email as an attachment to olmstedctr@aol.com

If your organization does not have liability insurance, you will need to obtain temporary insurance to cover the dates of the retreat. You may do this through your own insurance company. If you have a credit card you may obtain the insurance that you need online by following these directions:

Go to www.ebi-ins.com/tulip. Near the beginning you will enter the code for our organization, which is **GNTI - 746**. The name that appears is United Methodist City Society, which is our parent organization. The insurance will cover your event at Olmsted Center even though the address that shows is different. You will need to have your retreat dates, main activity and the number of people in order to complete the process. You will also need to use your credit card for payment. Once you have completed the transaction, the company will automatically email the certificate of insurance to me.

For most passive activity retreats of 10-75 people, the cost of the insurance is about \$105 for a weekend.

**If you have any questions regarding this process
please call the office at (845) 534-7900 EXT. 11**

Olmsted Center

Cornwall-on-Hudson, New York



Amenities Include

- Hudson Highlands Location
- Year Round Facility
- Scenic Views
- Wi-Fi Access
- Lindsley Hall Dining & Multipurpose Space
- Spacious Playing Fields
- Pavilion for Outdoor Meetings & Events
- Multiple Meeting Spaces
- Basketball Court
- Tennis Court
- Swimming Pool
- High & Low Ropes Challenge Courses
- Campfire/Fire Pit with Seating
- Hiking Trails on Storm King Mountain
- Local Attractions: Storm King Art Center, Woodbury Common Premium Outlets, U.S. Military Academy West Point

Religious Groups
Nonprofits

Family Reunions
Bridal/Baby Showers

School Groups
Scouts

Book Your Retreat Today!

(845) 534 - 7900

Call for More Information on Facilities and Availability

Five Points Mission
Olmsted Center
114 Bay View Ave
Cornwall-on-Hudson, New York 12520
www.campolmsted.org



FIVE POINTS MISSION
OLMSTED CENTER

Located on the west bank of the Hudson River, just south of Newburgh, NY.

olmstedctr@aol.com www.fivepoints.org

845.534.7900

ADDRESSES FOR GPS:

Manor House & Cabins: 114 Bay View Avenue OR Kirkwood House: 146 Bay View Avenue
Cornwall on Hudson, NY 12520

DIRECTIONS

By Bus: The SHORTLINE bus from Port Authority in New York City takes you to Vails Gate (next to McDonald's). This is approximately 5 minutes from Olmsted.

By Air: Stewart International Airport, Newburgh is approximately 15 minutes from Olmsted. Car rental and taxi are available.

By Train from Grand Central: Take the Metro-North Hudson Line from NYC to Beacon Station (approx. 20 minutes from Olmsted).

By Train from Hoboken: Take the Metro-North train from Hoboken to Salisbury Mills/Cornwall Station (approx. 10 minutes from Olmsted).

Unfortunately, due to frequent changes in transportation schedules we are no longer able to pick up from airports, bus and train stations. Taxi service is available through Bob's Taxi of Newburgh (845) 561-8330 @ approximately \$19/trip (plus tip) from Beacon and \$8/trip from Vails Gate Sunoco (bus drop-off). It is best to call ahead. Other taxi services may be waiting at the station, but they may need directions.

DRIVING: *(CHARTER BUSES COMING FROM THE SOUTH ARE NOT ALLOWED ON PALISADES PARKWAY WITHOUT A SPECIAL PERMIT AND THEREFORE MUST FOLLOW DIRECTIONS via NEW YORK STATE THRUWAY).*

From the East and West: Interstate 84 to Exit 10 (coming east), 10S (coming west). Get on 9W South through Newburgh. Proceed approximately 5 miles to Route 218. Take 218 Exit on right. At flashing light turn left. You will still be on Rt. 218, which winds through the Village of Cornwall-on-Hudson. >>>>**FROM THE CAUTION LIGHT** the camp is between 1.5 to 2 miles on your right. After the caution light you will pass the fire house on your right, Village Pizza on your left and you will come to a sharp curve. **BEAR RIGHT onto Bay View Avenue.** Soon you will see a white rail fence on your right and a white mailbox with "114" on it. Enter through the archway for Manor House and Cabins. **Kirkwood House is past the archway, the second driveway on your right.** (Large, brown Victorian house – sign in front).

From the North: Take the NY State Thruway or Taconic Parkway to I-84, then follow directions from East and West.

From the South (East side of the Hudson): Take either the George Washington Bridge (upper level) or Tappan Zee Bridge to the Palisades Parkway. Go north on the Parkway about 36 miles from the GW Bridge - *Be sure to bear right after Anthony Wayne State Park to stay on the Palisades.* The Parkway ends at the Bear Mountain Traffic Circle. **FROM BEAR MOUNTAIN CIRCLE** take 9W **north** about 11 miles to the Angola Road exit ramp. At the end of the ramp turn right onto Angola Road to the Cornwall Traffic Circle. Exit traffic circle onto Main Street (3rd right). At the second traffic light bear right onto Hudson Street. Hudson Street joins Route 218 at the caution light. Follow direction above **FROM THE CAUTION LIGHT.**

From the South (West side of the Hudson): Follow sign for the New Jersey Turnpike (I-95) North. Follow signs for the George Washington Bridge (LOCAL) until you see a sign for 9W. Take this exit. At the light make a left turn. Stay to the right and pass a gas station. Look for the brown sign for the Palisades Parkway. Go North on the Palisades about 36 miles until the parkway ends at the Bear Mountain Traffic Circle. Follow directions above **FROM BEAR MOUNTAIN CIRCLE.**

From the South via New York State Thruway: Take the Thruway north to the Harriman Exit (#16). Immediately after toll, exit right onto Rt. 32. Proceed north approximately 10 miles to light at Orange County Road 107. Proceed right up hill. Go to and around traffic circle and down the main street of Cornwall (look for lamp posts to find Main St.). At the second traffic light bear right onto Hudson Street. Hudson Street joins route 218 at the caution light. Follow direction above **FROM THE CAUTION LIGHT.**

PLEASE COPY & DISTRIBUTE ADDRESS AND DIRECTIONS TO ALL DRIVERS. THANK YOU.

*Welcome to Olmsted Center's
Manor House
Room Assignments*

Group: _____ *Dates:* _____

First Floor – North (main staircase near meeting room)

Room 1: _____ / _____
BATHROOM #1
Room 2: _____ / _____

First Floor – South (off of main dining room)

Room 3: _____ / _____
BATHROOM #2

Second Floor – North (main staircase near meeting room)

Room 4: _____ / _____
Room 5: _____ / _____
BATHROOM #3
Room 6: _____ / _____
DOUBLE & SINGLE BED
BATHROOM #4
Room 7: _____ / _____
DOUBLE & SINGLE BED

Third Floor – North (main staircase near meeting room)

Room 8: _____ / _____
Room 9: _____ / _____
Room 10: _____ / _____
Room 11: _____ / _____
BATHROOM #6
Room 12: _____ / _____
BATHROOM #7 (CAN BE PRIVATE FOR ROOM 12)

*Welcome to Olmsted Center's
Gladys and William Kirkwood House
Room Assignments*

Group: _____ *Dates:* _____

First Floor

Room 1: _____ / _____

Room 2: _____ / _____

Second Floor

Room 3: _____ / _____
(Shares a bathroom with Room 6)

Room 4: _____ / _____
(Shares a bathroom with Room 5)

Room 5: _____ / _____
(Shares a bathroom with Room 4)

Room 6: _____ / _____
(Shares a bathroom with Room 3)

Third Floor

Room 7: _____ / _____
(Shares a bathroom with Room 8)

Room 8: _____ / _____
(Shares a bathroom with Room 7)

Room 9: _____ / _____
(Shares a bathroom with Room 10)

Room 10: _____ / _____
(Shares a bathroom with Room 9)

Enjoy your stay at Olmsted Center.

Director's phone (914) 213-0981

Caretaker's phone (845) 464-1922