

**LOST LAKE SCOUT CAMP  
2019 SUMMER CAMP  
HOLD-A-SITE AND RESERVATION FORM**

TROOP # \_\_\_\_\_ COUNCIL NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

WORK TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

CHECK WEEK ATTENDING # OF SCOUTS\* \_\_\_\_\_

JUNE 23 – JUNE 29 # OF ADULTS/FEMALE\* \_\_\_\_\_

JUNE 30 – JULY 6 # OF ADULTS/MALE\* \_\_\_\_\_

\* Please give as accurate estimate as possible; overly optimistic numbers make planning food and supply ordering extremely difficult. Final numbers are due when final payment is due.

LIST PREFERRED CAMPSITES IN ORDER OF PREFERENCE:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>
AMOUNT PAID: _____
DATE PAID: _____
RECEIPT #: _____

Preferred campsites may be requested; however, you may be moved to an alternate site at the discretion of the Camp Director to accommodate the needs of the camp. Special campsite needs must be sent to the Earl & Pat Cook Service Center for approval.

**Proof of insurance, appropriate medical forms and a tour permit are required for all those attending camp.**

**RECEIPT OF A \$100 NON-REFUNDABLE RESERVATION DEPOSIT IS REQUIRED TO HOLD A SITE. FOR A COMPLETE CAMP FEES SCHEDULE, SEE THE CAMP LEADER GUIDE.**

Signature of person completing form: \_\_\_\_\_ Title: \_\_\_\_\_

MAIL THIS FORM AND DEPOSIT TO:  
MIDNIGHT SUN COUNCIL SUMMER CAMP  
1400 GILLAM WAY  
FAIRBANKS, AK 99701-6044  
(907) 452-1976 • FAX: (907) 452-1977