

**LOST LAKE SCOUT CAMP
2017 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 25 – JULY 1 # OF ADULTS/FEMALE* _____

JULY 2 – JULY 8 # 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. _____

FOR OFFICE USE ONLY:
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