

**LOST LAKE SCOUT CAMP  
2010 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 21 – 26 (MONDAY START) # OF ADULTS/FEMALE\* \_\_\_\_\_

JUNE 27 – JULY 2 # OF ADULTS/MALE\* \_\_\_\_\_

LIST PREFERRED CAMPSITES IN ORDER OF PREFERENCE:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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.

FOR OFFICE USE ONLY:
AMOUNT PAID: _____
DATE PAID: _____
RECEIPT #: _____

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

\* Please give as accurate estimate as possible; overly optimistic numbers make planning food and supply ordering extremely difficult.

**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