

**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