

2003 Family Camp Reservations

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE# DAY _____ EVENING _____

Pre-camp information on Family Camp will be sent to the above person. Please notify the Scout Service Center of any changes. Viking Council, 5300 Glenwood Avenue, Minneapolis, MN 55422, Phone: (763) 545-4550.

Unit # _____ Council _____

CABIN SELECTION: First Choice # _____ Second Choice # _____

TRAILER/TENT SELECTION: First Choice # _____ Second Choice # _____

An alternate selection will be made if neither of your choices are available.

DATE SELECTION:

<input type="checkbox"/>	Week 1	June 22	~	June 28
<input type="checkbox"/>	Week 2	June 29	~	July 5
<input type="checkbox"/>	Week 3	July 6	~	July 12
<input type="checkbox"/>	Week 4	July 13	~	July 19
<input type="checkbox"/>	Week 5	July 20	~	July 26
<input type="checkbox"/>	Week 6	July 27	~	August 2
<input type="checkbox"/>	Week 7	August 3	~	August 9
<input type="checkbox"/>	Week 8	August 10	~	August 16

RESERVATION FEE: \$50.00 deposit per cabin per week (non-refundable).

Total amount paid \$ _____

\$25.00 trailer/tent site deposit (non-refundable).

Total amount paid \$ _____

Reservations not valid unless accompanied by proper deposit.

Balance of fees are due June 1, 2003 (All fees paid are non-refundable)

Cabins or sites not paid in full by June 1st will be made available to other Scouters.

Paid By: _____ Cash _____ Check# _____ Date: _____

_____ Charge deposit to troop account at 2002 Summer Camp check out. _____

staff initial

SIGNED _____ **DATE** _____



FOR OFFICE USE ONLY

CONFIRMED FOR: _____ TROOP# _____ WEEK# _____

CABIN # _____ TENT/TRAILER SITE # _____ DATE: _____