

Reservation for Family Camp

Date: _____

Unit: _____ District: _____ Council: _____

Name: _____

Address: _____ Home #: _____

City/Zip Code: _____ Work #: _____

Reservation

Please reserve (circle one): Cabin Trailer Space Tent site

for _____ nights, starting _____ and checking out on _____.

Number in party (include children) who will be staying in Family Camp: _____

Please circle cabin choice: #1 #2 #3 #4 #5 #10 #14

Fees:

Family Camp Fees per night are as follows:

\$15.00-Cabins 1,2,3,4,5,14

\$18.00-Cabin 10

\$8.00-RV Site Rental per night

\$5.00-Tent Site Rental per night

NOTE: FULL PAYMENT MUST BE MADE AT THE TIME OF RESERVATION OR WITHIN FIVE (5) WORKING DAYS OF THE DATE THE RESERVATION IS MADE OR THE RESERVATION WILL BE CANCELLED AUTOMATICALLY. MAKE CHECK PAYABLE TO THE :NORTHEAST ILLINOIS COUNCIL

Refunds will only be considered in extenuating circumstances--Requests for refunds must be received prior to September 1st and will be reviewed by the boy Scout Outdoor Committee. Documentation of the extenuating circumstances may be requested. Please be prepared to provide receipts, doctor's statements or any other pertinent information.

For Office Use Only:

() Cabin#: _____ () RV Site: _____ () Tent: _____

Receipt #: _____ Date Paid: _____ Amount Paid: _____