APPLICATION FOR

CAMP MA-KA-JA-WAN

Owned and Operated by

North Shore Area Council, Boy Scouts of America

21 North Sheridan Road, Highland Park, Illinois
Telephone Highland Park 629

Scout _____ Troop _____

Address _____

Town _____ Phone _____

I am registering for (please check period or periods):

☐ FIRST PERIOD: June 24-July 7 ☐ SECOND PERIOD: July 8-July 21

☐ THIRD PERIOD: July 22-August 4

	COST			Total
For any ONE period:	Camp fee $29.00		Transportation $12.27	**$ 41.27**
For any TWO periods:	Camp fee $58.00	One stay-over fee - $1.50	Transportation $12.27	**$ 71.77**
For all THREE periods:	Camp fee $87.00	Two stay-over fees $3.00	Transportation $12.27	**$102.27**

Reservation Fee attached to the extent of $_____ representing $2.00 per period. Checks are to be made payable to the North Shore Area Council, Boy Scouts of America.

In consideration of the benefits derived from participation in the program at Camp Ma-Ka-Ja-Wan if accepted, I hereby voluntarily waive any claim against the Boy Scouts of America and the North Shore Area Council, Inc., as its agents, for any and all causes which might arise in connection with the activities of the above organization.

I understand that it is required of all Scouts attending Camp Ma-Ka-Ja-Wan that they have a physical examination within forty-eight hours of their departure for camp.

_____

☐ *Mother* ☐ *Father*

Balance of Fee: The balance of the camp fee is payable at least three days prior to the beginning of the camp period for which fee is being paid. A statement will be mailed ten days before the beginning of the period.

Return of Fees: The reservation fee will not be returned if reservation is canceled as a place has been set aside and preparations made accordingly. No unused railroad fee will be returned nor unused board fee if it becomes necessary for Scout to leave camp within the period.