

Owasippe Scout Reservation
2004
CAMP RENEKER RESERVATION FORM

Mail to: Chicago Area Council, 1218 West Adams, Chicago, IL 60607
(312) 421-8800

Date: _____

Troop #: _____ Council: _____

Troop Leaders Name: _____

Cabin User's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home : _____ Work: _____

SUMMER CAMP DATES: Check the week(s) you will attend.

- Period 1: June 27-July 3
Period 2: July 4-July 10
Period 3: July 11-July 17
Period 4: July 18-July 24
Period 5: July 25-July 31
Period 6: August 1-August 7

Cabin Choices:

1st: _____

2nd: _____

RESERVATION FEE: A \$50 non-refundable, non-transferable deposit per cabin is required with reservation.

2004 cabin fees will be set by October 1, 2003

Cancellations are allowed for medical reasons only or until 12/01/2003

A SEPERATE RESERVATION FORM IS REQUIRED FOR EACH CABIN

All 2004 cabin reservations must be paid by May 1, 2004. The Chicago Area Council reserves the right to cancel or change 2004 camp reservations to accommodate the needs of the council. The Council also reserves the right to operate some, all, or none of the campsites and programs previously delivered. In any event, the Council will notify the individual that initiated the reservation and they may receive a full refund of all fees paid if requested within the allotted period of time.

I have read and agree to abide by the conditions presented _____ SIGNATURE

CAMP STAFF AND OFFICE USE ONLY

Deposit amount \$ _____

Received by: _____

Date: _____

Cabin Reserved: _____