Owasippe Scout Reservation
2013
CAMP RENEKER ADDITIONAL DEPOSIT FORM

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

Date: _____

Please Check One: ☐ **Attending with Unit - $310.00** ☐ **Attending without Unit – $410.00**

Cabin User's First Name: _____ Last Name:_____

Address: _____

City: _____ State: _____Zip: _____

Home : _____ Work: _____

"IF ATTENDING WITH A UNIT PLEASE COMPLETE THE FOLLOWING SECTION"

(Note: To qualify for the "Attending with Unit Discount" you must be a Parent or Legal Guardian to a Scout or Spouse of the Scoutmaster or Adult Leader, to a unit that is attending camp the same period of your stay.)

Relationship to Scout/Scout Leader: _____

Troop #: _____ Council: _____ District_____

Scout Leader's Name: _____Scout's Name: _____

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

- ❑ Period 1: June 23-June 29
- ❑ Period 2: June 30-July 6
- ❑ Period 3: July 7 -July 13
- ❑ Period 4: July 14-July 20
- ❑ Period 5: July 21-July- 27
- ❑ Period 6: July 28-August 3

Cabin Choices:

1st: _____

2nd: _____

Arriving Saturday _____ **$65.00**

Approx. Time _____pm (after 4:00 p.m.)

All participants staying 3 days or more must have a physical exam form signed by a physician. There are no exceptions.

RESERVATION FEE: A $50 *non-refundable, non-transferable* deposit **per cabin** per week is required with reservation. All cancellations prior to February 28th will receive a refund less the $50 cabin deposit. Cancellations after May 1st will receive a refund less $100 to cover costs incurred for the program. **Please visit the Council Website @ www.chicagobsa.org to review the New Reneker Reservation policy.**

All participants staying 3 days or more must have a physical exam form signed by a physician. (No Exceptions)

I understand that all 2013 cabin reservations must be paid by May 31, 2013. The Chicago Area Council reserves the right to cancel or change 2013 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:* _____