

**TROLLFJORDEN LANGUAGE AND CULTURAL CAMP
SUMMER CAMP APPLICATION
SONS OF NORWAY DISTRICT IV**

Name _____ Gender M F

Address _____ City _____ ST/Province _____ ZIP _____

Telephone (home) _____ (work) _____ Primary E-Mail _____

Birthdate _____ Age during camp session _____

Lodge Name _____ Membership Number _____ Expiration Date _____
(You, a parent, or a grandparent must be a Sons of Norway member. Priority is given to district members.)

Any special needs or dietary needs that can be accommodated? _____

Request for a specific roommate? _____
(Generally, rooming is by gender. Note that sleeping accommodations are bunk beds. Make note on the application if getting to a top bunk would be a problem for you. Children are all in one area together, boys and girls in separate areas. The only way to accommodate a family sleeping together is if they choose to camp or tent on site.)

PARENT/GUARDIAN CONTACT INFORMATION

Name _____

Address _____ City _____ ST/Province _____ ZIP _____

Telephone (home) _____ (work) _____ Primary E-Mail _____

Please mark the boxes that apply:

- I would like my name, address, and email address on a master participant list.
- I would be willing to pay an additional \$100 for a "Theme Room", if available. (Adult campers only.)
[Availability of these rooms is very limited. If available, these rooms would be assigned on a first come, first serve basis. As is the case with the other sleeping areas, you would be sharing these with others of the same gender (3-4 to a room). Do **not** send money now. If you have requested this and it is available to you, your additional payment will be collected upon arrival.]

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| TOTAL FEES DUE | |
| \$ _____ | REGISTRATION FEE (\$75 CHILDREN 8-17) (\$125 ADULTS 18 AND OVER) |
| \$ _____ | \$15 Campsite Fee |
| \$ _____ | Total Amount Due |
| Please make checks payable to Trollfjorden. | |

Please mail to: Susan Ackre
708 9th Ave., Cando, ND 58324