

**TROLLFJORDEN LANGUAGE AND CULTURAL CAMP
SUMMER CAMP APPLICATION—June 10-13, 2010
SONS OF NORWAY DISTRICT IV**

Name _____ Birthdate _____ Gender M F

Address _____ City _____ St/Province _____ ZIP _____

Phone (home) _____ (work) _____ Primary Email _____

Lodge Name _____ Membership Number _____ Exp. 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. 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 onsite.)

PARENT/GUARDIAN CONTACT INFORMATION

Name _____

Address _____ City _____ St/Prov _____ ZIP _____

Telephone (home) _____ (work) _____ Primary Email _____

Your name, address, and email address will be recorded on a master participant list unless you let us know in writing that you do not wish to be on the list. The list will be available to other campers at the end of the camp.

TOTAL FEES DUE

\$ _____ **REGISTRATION FEE**
(\$85 CHILDREN 8-17)
(\$135 ADULTS 18 AND OVER)

\$ _____ **\$15 CAMPSITE FEE**

\$ _____ **TOTAL AMOUNT DUE**
Please make checks payable to Trollfjorden

Children should include with their registration a check for \$85. All children (whose lodge does not pay their entire registration) will be reimbursed part of their registration at the end of camp courtesy of the Draxton Scholarship Fund.

Please mail application, health form and check to:
Bonnie Jacob-Forseth
1003 Boyd Drive
Grand Forks, ND 58201