

2019 Campsite Reservation Request Form

Ma-Ka-Ja-Wan Scout Reservation/W6500 Spring Lake Road/Pearson, WI 54462-8133

Northeast Illinois Council, **850 Forest Edge Drive, Vernon Hills, IL 60061**; Main Phone: 847-433-1813; Fax: 847-433-2036

Quinn Ryan, NEIC Program Director (program questions); E-mail: Quinn.Ryan@scouting.org; Phone: 847-748-9154

Debi Geiger, NEIC Program Assistant (administrative questions); E-mail: Debi.Geiger@scouting.org; Phone: 847-748-9161

Council Website: www.neic.org; Camp Website: www.makajawan.com

This is a non-refundable fee that is strictly for your campsite and to be added to our email list. None of it will be applied toward registration fees or additional fees accrued at camp, nor does it get you registered for the summer camp program.

NOTE: We reserve the right to move your Unit to a site that best fits the number of Scouts and Adults **you register online**.

Troop # _____ Council Name _____ District Name _____

Out-of-Council Units: Please also provide your Charter Organization's City _____

PLEASE CIRCLE WHICH WEEK (OR WEEKS) YOUR UNIT WANTS TO ATTEND IN 2019:

WEEK 1 – June 23-29

WEEK 3 – July 7-13

WEEK 5 – July 21-27

WEEK 2 – June 30-July 6

WEEK 4 – July 14-20

WEEK 6 – July 28-August 3

SITE EXAMPLES: EAST CAMP – Sioux A, Sioux B, or Sioux A & B; WEST CAMP – Bridger A, Bridger B, or Bridger A & B

CIRCLE ONE: EAST CAMP WEST CAMP We will do our best to place you in your "1st Site Choice".

1st Campsite Choice _____ 2nd Campsite Choice _____

1st or 1 Week Numbers _____ Older Scouts _____ Adults _____ 2nd Week Numbers _____ Older Scouts _____ Adults _____

1st or 1 Week Numbers of Crossover Scouts _____ 2nd Week Numbers for Crossover Scouts _____

(Crossover Scouts are Webelos II Cub Scouts who become Boy Scouts in the Spring of 2019 and join your Troop)

Tents Being Used: Troop's _____ Camp's _____ **Food Service:** Dining Hall _____ Patrol Cooking _____

Scoutmaster or Crew Advisor Information

First & Last Name _____ Email _____

Day Phone # _____ This is a (circle): Cell Work Home

Camp Contact Information

First & Last Name _____ Daytime Phone # _____

Street Address _____ Email _____

City, State, Zip _____ Daytime # is (circle): Cell Work Home

Your camp contact (listed above) receives the online registration information. It is vital you contact Debi Geiger at the council office should someone else take over as your unit's camp contact.

COST: \$75 per site (A or B) for 1 week **\$150** for 2 sites (A & B) for 1 week **\$225** for 3 sites (A, B, & C) for 1 week

\$150 for 1 site (A or B) for 2 weeks **\$300** for 2 sites (A & B) for 2 weeks **\$450** for 3 sites (A, B, & C) for 2 weeks

Amount enclosed \$ _____ (Make check payable to: Northeast Illinois Council)

Mail/bring this completed form & payment to the Northeast Illinois Council office in Highland Park. Email Debi regarding other payment options, or to update your unit's Camp Contact information.

THIS BOX IS FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN IT

Account #: (NEXT Year 1-2630-701-00) (THIS Year: 1-6701-701-00)

Date Paid _____ Cash/Credit/Check # _____ Receipt # _____