

2020 OUTING RESERVATION FORM

Applicant's Address _____ City, State, Zip _____ Phone _____

If you are the guests of a member, enter member's name: _____

For your registration to be considered complete, you must submit

- This registration form AND:
- **FULL payment** AND
- A **signed** liability form for **each person** attending.

Enter age for minors (17 or younger). Adults may enter "A" in lieu of age.

Camper's Name	Age	Member?	E-Mail	If FWOC Club Member: Name of Club	Attending			Total Fees
					Wk 1 8/1-8	Wk 2 8/8-15	Both	
		Y N						
		Y N						
		Y N						
		Y N						
		Y N						
Column Totals:								

Cancellations and refund requests must be made in writing to the address below (or email to Susan DeLaune sdelaune2@gmail.com).
Cancellations prior to July 15th will receive a refund minus \$50 nonrefundable portion.

Arrival Date & Time _____ I can share a ride? Yes No I could use a Ride? Yes No

Volunteer for extra tasks? Yes No (who) _____ Favorite Duties: _____

Would be Relief Cook? Yes No (who) _____ We prefer: Morning Duties Afternoon Duties No Preference

Prefer vegetarian meal option? Yes No (who) _____

Make checks payable to: CHEMEKETANS

MAIL TO: Chemeketan Outing
Susan DeLaune, Treasurer
P.O. Box 864,
Salem, OR 97308

Cost per Week	Member *	Guest	
Adult (15+)	\$200	\$250	
Age 11 – 14	\$150	\$150	
Age 6 – 10	\$75	\$ 75	
Age 0-5	-0-	-0-	

* includes FWOC member