

## 2021 OUTING RESERVATION FORM

Applicant's Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

This form will reserve your place at the Outing. Do not send payment at this time. Payment and liability waiver forms will be requested after June 1, 2021. Any checks received with this form before June 1<sup>st</sup> will be held until a final decision is made that the 2021 Annual Outing will occur.

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 7/31-8/7	Wk 2 8/7-14	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 15<sup>th</sup> 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