

Hermitage Registration Form

Please call or e-mail first for available dates:

715-364-2602

campamnicon@usa.net

Name(s): _____

Address: _____

City, State and Zip: _____

E-mail: _____ Phone (day): _____

Phone (eve): _____

Arrival Date: _____ Arrival Time: _____

Departure Date: _____ Departure Time: _____

Lodging

First Night \$55.00

Additional Nights, first guest _____ x \$35 \$ _____
(number of additional nights)

Second Guest _____ x \$10 \$ _____
(total number of nights)

Food

Hermitage Basket _____ x _____ x \$18 \$ _____
(days) (guests)

Meals with others *if available*:

Breakfast _____ x _____ x \$6.00 \$ _____
(days) (guests)

Lunch _____ x _____ x \$7.50 \$ _____
(days) (guests)

Supper _____ x _____ x \$8.50 \$ _____
(days) (guests)

Total Amount Due: \$ _____

Vegetarian? _____ Yes _____ No

Food Allergies? _____

Other special needs: _____

Signature: _____ Date: _____

Please send this completed form with a \$30 deposit to:

Camp Amnicon
8450 E. Camp Amnicon Rd.
South Range, WI 54874
FAX: 715-364-2652