



Complete this form and return with payment to:
CAMP ADMINISTRATIVE OFFICE
 651 Nicollet Mall, Suite 500
 Minneapolis, MN 55402
 (P) 651-822-2267
 (F) 612-223-6322
 (E) info@dunord.org

GROUP FOOD SERVICE REGISTRATION

Meal service for all campers is available on a pre-registered basis in Lodge du Nord, the dining hall, located between du Nord and Northland Villages.

MEAL SERVICE FEES FOR GROUPS (Meals available for groups of 30 or more.)

| | Breakfast | Lunch | Dinner | Sun. Brunch | All Meals |
|-----------------------------------|-------------------|---------------|----------------|----------------|----------------------------|
| 13 years of age and older | \$10.00 breakfast | \$12.00 lunch | \$15.00 dinner | \$13.00 brunch | \$37.00 day/3 meals/person |
| 8-12 years of age | \$7.00 breakfast | \$9.00 lunch | \$12.00 dinner | \$10.00 brunch | \$28.00 day/3 meals/person |
| 4-7 years of age | \$5.00 breakfast | \$7.00 lunch | \$8.00 dinner | \$8.00 brunch | \$20.00 day/3 meals/person |
| 3 years of age and younger | No charge | | | | |

All meal service reservations will be accepted on a first-come, first-served basis. Early registration is recommended.

Payment for meal service is due one month before your visit to camp. Please indicate your method of payment on the bottom of the form. Fees must be paid prior to attending camp. A credit card number must be submitted with this form if checking the payment one month before camp option.

There are no refunds on paid food service within three weeks of your visit to camp.

Please fill out one form per address and return to the camp office.

Family/Group Name: _____

Cabin/Site: _____ Dates: _____

Address: _____

We would like to sign up for:

- Breakfast Lunch Dinner Sunday Brunch All Meals

Does anyone in your group have any food allergies or dietary needs/concerns? Yes No

| Full Name of Camper: | Dietary Needs & Restrictions | Age at time of camp: |
|----------------------|------------------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

METHOD OF PAYMENT:

- Please charge the following credit card now for the full payment.
 Please charge the following credit card 50% now and 50% one month prior to my visit to camp.
 Check enclosed Please initial: _____
 Visa MasterCard American Express Discover

Card Number: _____ Expiration Date: _____

Name on card: _____

Signature: _____