

2009 Amnicon Registration Agreement Information

All Amnicon Adventures Include:

- Competent and dedicated staff – Certified in lifeguarding, CPR, wilderness first aid and excited about outdoor ministry.
- A commitment to safety – Outstanding safety record – over 40 years of experience in wilderness programming. ACA accredited.
- Everything that you need – food, equipment, staff, program – you will bring personal items and sleeping bag.

2009 Amnicon Registration

Group Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Home Phone (____) _____

Work Phone (____) _____

Email: _____

Trip Requested:

- ☐ Lake Superior Voyageur Canoeing
☐ White Water Canoeing in the Northland
☐ Backpacking in the Sawtooth Mountains
☐ Lake Country Wilderness Canoeing
☐ BackCountry Canoe Quest
☐ Northland Scenic Canoe Trip
☐ Flambeau River Ramble
☐ Northwoods Wilderness Discovery Trip
☐ Sea Kayaking (Adult Only)

Date Requested:

1st Choice: _____ 2nd Choice: _____

Number/Group _____

Will you be providing your own transportation to the trail head? Yes ☐ No ☐

Trip Rate \$ _____ x 1/3 = _____
(Deposit enclosed)

Before choosing I would like more information on _____

-Agreement-

AGREEMENT: I understand that Amnicon and property and equipment thereon is the property of the Amnicon Foundation and that the above mentioned group/individual shall be held responsible for damages resulting from the abuse of camp property and equipment. It is also understood that Amnicon's rules and policies shall be followed while this group/individual is participating in any of the camp programs. Camp Amnicon reserves the right to make changes to your group's route, in response to weather and/or group safety.

DEPOSIT POLICY:

1/3 of total registration fee to accompany this registration
1/3 due by April 1st
1/3 due upon arrival at Amnicon

CANCELLATION POLICY: 1/3 and 2/3 deposits are non-refundable and non-transferable once received.

More information regarding your Amnicon Experience will be forwarded upon receipt of a full deposit beginning in the spring.

Signed _____
(Contact Person or Individual)

Send to: Camp Amnicon
8450 E. Camp Amnicon Rd
South Range, WI 54874
(715) 364-2602 Phone
(715) 364-2652 Fax
E-mail: amnicon@usa.net
www.amnicon.org