



District 5

MASSE MORO CAMP

July 14 – 27, 2024 VELKOMMEN!

The cost for our 2 week all-inclusive Nordic Heritage Camp is \$1,200

Please include your \$100.00 non-refundable registration fee with this form.

Complete (please print clearly) and mail the completed application materials to:
Lisa Rove-Williams, District 5 Director, 771 W. Dresser Road, DeKalb, IL 60115

Contact Information:

Make check to: **Nordic Legacy Foundation** or use the PayPal electronic option,
available under the Admissions Information tab on the www.Masse Moro.org website. Tusen Takk!

Sons of Norway Affiliation (please indicate): District 1__ District 5__ None__ Other _____

Name of Camper: _____ Date of Birth: _____

Address: _____ Gender: Female ___ Male ___

City: _____ State: _____ Zip Code: _____

Name of Parent(s) or Legal Guardian(s): _____

Phone Number: _____ Contact Name: _____

Work Contact: _____ Contact Name: _____

E-mail: _____

Norwegian Name at camp, if a previous attendee: _____ Age as of first day of camp _____

Sons of Norway Member/Sponsor Name: _____ Member # _____

Name and Address of Lodge	Relationship to Camper
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Authorized person to pick up child on last day of camp? _____ # _____

Cabin request (name of friend or sibling): _____

Campers will receive a free camp T-shirt; please select a size of Camp T-shirt (adult sizes only):

Check the best fit t-shirt size for your child: S ___ M___ L ___ XL ___ 2XL ___ 3XL ___

DIET: Traditional Diet ___ Special Diet ___ Describe _____

How did you hear about Masse Moro? (Check all that apply): Returning Camper ___ Friend ___ Relative ___

Ad in Viking Magazine ___ Lodge Information ___ Other (explain): _____

“I will do my best to be an active and cooperative participant at Masse Moro.”

CAMPER SIGNATURE: _____ **DATE** _____

“I give my permission for Camp photos and videos of this child to be used in marketing and promoting Masse Moro.”

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE** _____

Note: For us to better plan for your child’s camping experience, please return by April 13, 2024!



IMPORTANT CAMPER INFORMATION – 2024
(Camper must be at least 9 and under 16 years old on the first day of camp)



Please help your child to have an enjoyable and healthy camp experience by providing the answers to the following concerns. Thank you for assisting our counselors and staff in getting acquainted with your child and in meeting his/her needs more effectively. If necessary, please attach an additional sheet of paper detailing specific concerns.

NAME OF CAMPER: _____ **Age on JULY 14, 2024:** _____

Names and ages of camper’s siblings: _____

Has this camper attended Masse Moro before? _____ If so, when: _____

Indicate the names of other camps this child has attended. _____

Was their camp experience positive? _____ Comments: _____

List any languages this child speaks. _____

Has this child traveled outside of the U.S. _____ If yes, when and where? _____

What skills or abilities does this child wish to learn at camp? _____

Health/behavior concerns that could affect camp participation: _____

Please check the items below that best describes your child:

Personal Characteristics: Outgoing ___ Inquisitive ___ Moody ___ Quiet ___ Shy ___
 Humorous ___ Confident ___ Nervous ___ Insecure ___ Friendly ___

Physical Coordination: Excellent ___ Good ___ Fair ___ Poor ___

Relates to Peers: Very well ___ Adequately ___ With Difficulty ___

Relates to Adults: Very well ___ Adequately ___ With Difficulty ___

Sleep Habits: Sound Sleeper ___ Restless Sleeper ___ Sleep Walker ___

Previous Group Experiences: Scouting ___ Music ___ Sports ___ Other _____

Participates in Group Activities: Easily ___ With Encouragement ___ Reluctantly; Explain: _____

Indicate any activities that may cause stress or anxiety: _____

Explain: _____

Known fears or weaknesses: _____

Special needs: _____

Please indicate any recent traumatic or other stressful event(s) that our counselors should be aware of:

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