



# MASSE MORO CAMP

## July 17 – 30, 2022 . . . . VELKOMMEN!

The cost for our 2 week all-inclusive Nordic Heritage Camp is \$1000

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

Complete (please print clearly) and mail the completed application materials to:  
**Sandra Olson, District 5 Youth Director, 733 250<sup>th</sup> Street, Woodville, WI 54028**

Contact Information: (715) 698-3433; e-mail: [solsondist5@gmail.com](mailto:solsondist5@gmail.com)

Make check to: **Nordic Legacy Foundation** or use the PayPal electronic option,  
available under Admissions Information tab on the [www.MasseMoro.org](http://www.MasseMoro.org) website. Tusen Takk!

**Sons of Norway Affiliation (please circle):** District 1 District 5 None Other \_\_\_\_\_

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender (circle) 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

Authorized person to pick up child on last day of camp? \_\_\_\_\_ # \_\_\_\_\_

Cabin request (name of friend or sibling): \_\_\_\_\_

### SELECT A SIZE OF CAMP T-SHIRT (adult sizes only):

Circle 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? (Circle all that apply): Returning Camper Friend Relative

Ad in Viking Mag Lodge Info 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 1, 2022!**



**IMPORTANT CAMPER INFORMATION – 2022**  
*(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 17, 2022:** \_\_\_\_\_

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 circle 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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