

Trollbacken is...

- A continued adventure for the children of the Pacific Northwest
- An Opportunity to learn Swedish language & culture
- A wonderful lodge in a great setting
- An opportunity to learn, make new friends and have lots of FUN!

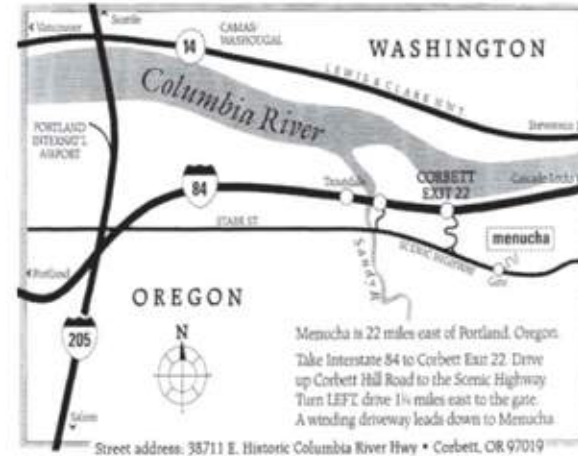
Trollbacken is...

Monday-Saturday
August 14-19, 2017

Trollbacken is...

Flagghissning (flag raising daily)
Music, singing & folk dance
Swedish language instruction
Swedish Foods
Kiosk (store)
Crafts
Orienteering
Hiking
Sports
Campfire & storytime

Trollbacken is Located...



Cost for Trollbacken:

\$455 for the 1st child, \$425 for an additional child in the same family.

Early registration is encouraged.

Enrollment is limited to 55 campers.

The Registration Form is included here. Fill out both sides of the registration and health form.

Mail your completed form and check, payment in full, (Payable to Trollbacken Swedish and Language Camp) or money order by May 3, 2017

Address: Trollbacken
c/o Tina Kreft-Tengblad
4114 SW 48th Place
Portland, OR 97221
Email: director@trollbacken.org
Website: www.trollbacken.org

(please print)

Trollbacken Registration Form

Camper: _____ Age: _____ Sex: _____ Grade completed (spring): _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____ Email: _____

Home Phone: () _____ Work Phone: () _____

Person to contact if parents cannot be reached: _____
Phone: () _____

Person bringing camper to camp: _____

Person who will pick up camper: _____

Musical instruments camper plays: _____

Return by May 15. _____

Signature: X _____

Swedish Language Comprehension
None Some Fluent

T-shirt size: L M S YL YM



TROLLBACKEN SWEDISH
LANGUAGE & CULTURE CAMP
4114 SW 48th Place
Portland, OR 97221

General Information

Children ages 7-13 by August 14 are invited to participate.

Plan to bring a sleeping bag, towels, clothing, and toiletries. A complete list of suggestion will be sent to you upon registration.

Check in time on Monday August 14 is 3:00 P.M.

Campers depart on Saturday, August 19 at 10:00 A.M.

Transportation to and from the camp is the responsibility of camp participants. Please arrive on time and arrange for prompt departure on closing day.

Health Information

Camper: _____ Birthdate _____ Emergency phone: () _____

Family Doctor: _____ Telephone: () _____

Present medications: _____

Special Diet requirements: Explain: _____

Physical, behavioral, or emotional concerns: Yes _____ No _____ If yes, please attach explanation to this form.

Medications _____ Allergies _____ Bee Sting _____ Penicillin _____ Other: _____

Date of last tetanus shot/booster: _____

Signature: X _____

Family health insurance company: _____ Policy No.: _____

Medical/surgical release: I understand that every effort will be made to contact me if my child needs emergency medical/surgical treatment, but it is impractical to do so. I HEREBY GIVE MY PERMISSION to the physician selected by the camp staff to secure proper treatment, to hospitalize, to order injection, anesthesia, X-rays, or surgery for my child as named above.