



MASSE MORO

SONS OF NORWAY FIFTH DISTRICT NORWEGIAN HERITAGE CAMP



July 13 – 26, 2025 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:
Robert Schuck, District 5 Director, N6011 State Rd 70, Winter, WI 54896

Contact Information:

Make check to: **Nordic Legacy Foundation** or use the 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
Authorized person to pick up child on the last day of camp? _____ Cell# _____

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*

*Name of returning camper friend who referred you: _____

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: Please return by May 17, 2025



IMPORTANT CAMPER INFORMATION – 2025
(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 13, 2025:** _____

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:

Note: Please return by May 17, 2025