



2025 SCAS TRUNK N TREAT APPLICATION

SCAS Halloween Campout and Trick or Treat October 3-4, 2025,

Applications Due October 3, Early Registration Begins August 20- September 20, 2025

Name: _____

Address: _____

City, State & Zip: _____

Phone Number: _____ **Email:** _____

Camper Make: _____ **30 amp/50 amp:** _____ **License Plate:** _____

(Camper Check In begins Friday 9 am, Campers to be in by Friday Night 8 pm. Contact the office for late arrivals)

List of Campers below.

Adults:

Children:

Please **indicate the number of attendees** in the age groups below for costume contest and activities:

_____ 5 and under

_____ 12 yr – 14 yr

_____ 6 yr – 8 yr

_____ 15 yr – 17 yr

_____ 9 yr – 11 yr

_____ 18 and up

Weekend Camping Rate (2 Ad, 4 Ch) x \$70 _____

Non-Camping Per Day Family Rate (2 Ad, 4 Ch) _____ Days x \$20 _____

Additional Family Member x \$5 _____

Early Registration (8/20-9/20) Discount \$10 - _____

Total Enclosed = \$ _____

Please make checks to SCAS 2900 Hibbard Rd Corunna, MI 48817

Office Use Only - Date received _____ Amt Paid - \$ _____ Check# _____ Lot # _____ Entry # _____ Initials _____