

2008 HIGH ADVENTURE AND ADVENTURE TO EAGLE REGISTRATION FORM

Name of Boy Scout: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Birth date: ____/____/____ Scout Rank: _____
 Unit #: _____ Unit's Town: _____
 Parents Signature (Required): _____
 Scoutmaster/Crew Advisor Recommendation Signature (Required): _____

HIGH ADVENTURE AND A2E CAMP SESSIONS AT CAMP STRANG

	Early Bird Fee Paid in Full by 4/15/08 <u>One Week</u>	Fee Paid after 4/15/08 <u>One Week</u>
____ Week #4 Sun, July 27-Sat, August 2 A2E	\$320.00	\$345.00
____ Week #3 Sun, July 20-Wed, July 23 Bike/Cope	\$175.00	\$185.00
____ Week #3 Wed, July 23-Sat, July 26 Kayaking/Tubing	\$175.00	\$185.00
____ Fee to attend both sessions of High Adventure will be:	\$320.00	\$345.00

**CHECK THE APPROPRIATE WEEK(S) YOU WILL ATTEND AND CIRCLE THE FEE AMOUNT(S) PER YOUR PAYMENT DATE.
 Fee includes a \$25 non-refundable deposit**

Total Number of Weeks: _____ Total Payment Amount: _____

REFUND POLICY:

THERE IS NO REFUND FOR MISSED DAYS.

Each session requires a \$25 non-refundable deposit. Refunds for the balance are made only for the following:

- Serious illness or accident
- Death in the family
- Your son must attend summer school, which will conflict with the camp schedule
- Your son moves from the Housatonic Council jurisdiction prior to camp starting

ALL REFUND REQUEST MUST BE MADE IN WRITING TO THE COUNCIL SERVICE CENTER BY AUGUST 31, 2008

Payment by Cash or Check

Amount Enclosed: \$ _____

Date: _____ Check #: _____

Remit to: Housatonic Council BSA

326 Derby Avenue

Derby, CT 06418

Credit Card Payment

Credit Type: (circle one) MC VISA

Name of Card Holder: _____

Account Number: _____

Expiration Date: _____

Signature: _____

For Office Use Only:

Invoice #: _____

Date: _____ Amount Received: _____