

## 2009 HIGH ADVENTURE AND ADVENTURE TO EAGLE REGISTRATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Scout Rank: \_\_\_\_\_  
 Unit #: \_\_\_\_\_ Unit's Town: \_\_\_\_\_  
 Parents Signature (Required): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Scoutmaster/Crew Advisor Recommendation Signature (Required): \_\_\_\_\_

### **HIGH ADVENTURE AND A2E CAMP SESSIONS AT CAMP STRANG**

	Early Bird Fee Paid in Full by 4/15/09	Fee Paid after 4/15/09
	<u>One Week</u>	<u>One Week</u>
____ Week #3 Sun, July 19-Wed, July 22 <b>Bike/Cope</b>	\$185.00	\$195.00
____ Week #3 Wed, July 22-Sat, July 25 <b>Kayaking/Tubing</b>	\$185.00	\$195.00
____ <i>Fee to attend both sessions of High Adventure will be:</i>	\$330.00	\$355.00
____ Week #4 Sun, July 26-Sat, August 1 <b>A2E</b>	\$360.00	\$385.00
____ Week #5 Sun, Aug 2 - Friday, Aug 7 <b>Ultimate Survivor</b>	\$275.00	\$300.00

**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, 2009**

**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: \_\_\_\_\_