

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 4/15/10 <u>One Week</u>	Fee Paid after 4/15/10 <u>One Week</u>
____ Week #3 Sun, July 18-Wed, July 21 Bike/Cope	\$195.00	\$205.00
____ Week #3 Wed, July 22-Sat, July 25 Kayaking/Tubing	\$195.00	\$205.00
____ Fee to attend both sessions of High Adventure will be:	\$340.00	\$365.00
____ Week #4 Sun, Aug 8—Sat, Aug 14 A2E	\$370.00	\$395.00

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: _____

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: _____

There is no credit given for missed days. See refund request form for refund policy.
ALL REFUND REQUEST MUST BE MADE IN WRITING TO THE COUNCIL SERVICE CENTER BY AUGUST 31

For Office Use Only:

Invoice #: _____

Date: _____ Amount Received: _____