

High Adventure Committee
 Northeast Georgia Council, BSA

CLIMBING REGISTRATION

Contact Name:		
Address:		
City:	St:	Zip:
Phone:	(Day)	(evening)
E-mail:		
Type of Unit:	<input type="checkbox"/> Troop	<input type="checkbox"/> Venture Crew <input type="checkbox"/> Other
Unit Number:		
Prior Experience:		
<small>(Unit's prior experience in Climbing? If so, how much? Some/all participants?)</small>		

Climbing	
<input type="checkbox"/> February 18 - 19, 2012	<input type="checkbox"/> August 18 - 19, 2012
<input type="checkbox"/> March 3 - 4, 2012	<input type="checkbox"/> September 15 - 16, 2012
<input type="checkbox"/> April 21 - 22, 2012	<input type="checkbox"/> October 20 - 21, 2012
<input type="checkbox"/> May 19 - 20, 2012	<input type="checkbox"/> November 17 - 18, 2012
<input type="checkbox"/> Request specific date: _____	
<small>(Request for specific dates must be submitted at least four weeks prior to the requested date and will be honored only if sufficient staffing can be arranged) For questions on program please contact the Climbing Chairman at climbing@nega-bsa.org</small>	

The cost for Climbing is \$20.00 per person.

Number of participants: _____ x \$20.00 = Total Cost _____ \$

Participants must be 13 years old prior to January 1st of the current year.

Medical Screening/Liability Release (adult or youth) and Annual Health and Medical Form (Parts A & C or A, B & C)
BRING THEM WITH YOU TO YOUR SESSION

Please call the Camping Office for current availability
 Call 1 800 699 8806 -or- E-mail chuska@bsamail.org
 Return completed forms by fax or mail to:
 Northeast Georgia Council, BSA
 ATTN: High Adventure Weekend
 P.O. Box 399
 Jefferson, GA 30549
 -or-
 FAX: 706 6934849 Attn: High Adventure Weekend