

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 |
| Unit Number: | | |
| Prior Experience: | | |
| <small>(Unit's prior experience in Climbing? If so, how much? Some/all participants?)</small> | | |

| Climbing | |
|--|------------------------|
| <input type="checkbox"/> | February 16 - 17, 2013 |
| <input type="checkbox"/> | March 9 - 10, 2013 |
| <input type="checkbox"/> | April 13 - 14, 2013 |
| <input type="checkbox"/> | May 18 - 19, 2013 |
| <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: 706 693 4849 Attn: High Adventure Weekend