

**High Adventure Committee  
Northeast Georgia Council, BSA**

# CLIMBING REGISTRATION

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

<b>CLIMBING</b>	
<input type="checkbox"/> August 17-19, 2018 CRM	<input type="checkbox"/> February 15-17, 2019 CRM
<input type="checkbox"/> September 7-9, 2018 CRM	<input type="checkbox"/> March 15-17, 2019 CRM
<input type="checkbox"/> October 12-14, 2018 CRM	<input type="checkbox"/> April 5-7, 2019 CRM
<input type="checkbox"/> November 9-11, 2018 CRM	<input type="checkbox"/> May 3-5, 2019 CRM
<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)</small>	

The cost for CLIMBING is \$20.00 per person

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

Participants must be 14 years old or 13 and have completed the 8<sup>th</sup> grade.

<p><b><u>Medical Screening/Liability Release (adult or youth) and Annual Health and Medical Form (Parts A &amp; C or A, B &amp; C)</u></b></p> <p><b><u>BRING THEM WITH YOU TO YOUR SESSION</u></b></p>
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Amount Enclosed: \_\_\_\_\_

Method of payment: Circle (Payable to BSA)

MasterCard/ Visa/ Discover

Credit Card Acct Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Security Code: \_\_\_\_\_

Zip code of where credit card statement mailed: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Please call the Camping Office for current availability  
Call 1.706-693-2446 Ext 106 -or- E-mail [heather.sisk@scouting.org](mailto:heather.sisk@scouting.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**