

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"/> Venturing Crew	<input type="checkbox"/> Other
Unit Number:			
Prior Experience:			
(Unit's prior experience in CLIMBING? If so, how much? Some/all participants?)			

CLIMBING	
<input type="checkbox"/> August 16-18, 2019 CRM	<input type="checkbox"/> February 14-16, 2020 CRM
<input type="checkbox"/> September 13-15, 2019 CRM	<input type="checkbox"/> March 20-22, 2020 CRM
<input type="checkbox"/> October 11-13, 2019 CRM	<input type="checkbox"/> April 3-5, 2020 CRM
<input type="checkbox"/> November 8-10, 2019 CRM	<input type="checkbox"/> May 1-3, 2020 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 8th grade.

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

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