

**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:			
<small>(Unit's prior experience in CLIMBING? If so, how much? Some/all participants?)</small>			

CLIMBING	
<input type="checkbox"/> August 14-16, 2020 CRM	<input type="checkbox"/> February 12-14, 2021 CRM
<input type="checkbox"/> September 11-13, 2020 CRM	<input type="checkbox"/> March 19-21, 2021 CRM
<input type="checkbox"/> October 09-11, 2020 CRM	<input type="checkbox"/> April 2-4, 2021 CRM
<input type="checkbox"/> November 13-15, 2020 CRM	<input type="checkbox"/> April 30-May 2, 2021 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.

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

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