

*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"/> February 9-11, 2024 CRM <input type="checkbox"/> March 1-3, 2024 CRM <input type="checkbox"/> April 5-7, 2024 CRM <input type="checkbox"/> May 3-5, 2024 CRM	<input type="checkbox"/> August 9-11, 2024 CRM <input type="checkbox"/> September 6-8, 2024 CRM <input type="checkbox"/> October 11-13, 2024 CRM <input type="checkbox"/> November 8-10, 2024 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 \$30.00 per person

Number of participants: _____ x \$30.00 = Total Cost _____ \$

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

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

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