High Adventure Committee
Northeast Georgia Council, BSA

CLIMBING REGISTRATION

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

CLIMBING

☐ February 5-7, 2027 CRM	☐ August 13- 15, 2027 CRM
☐ March 12-14, 2027 CRM	☐ September 10-12, 2027 CRM
☐ April 9-11, 2027 CRM	☐ October 8-10, 2027 CRM
☐ May 7-9, 2027 CRM	☐ November 12-14, 2027 CRM

☐ Request specific date: _____

(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)

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 at 706-693-2446 Ext 106 -or- E-mail
heather.sisk@scouting.org
Register online at https://www.nega-bsa.org
Return completed forms by email or mail to
Northeast Georgia Council, BSA
ATTN: High Adventure Weekend
P.O. Box 399
Jefferson, GA 30549