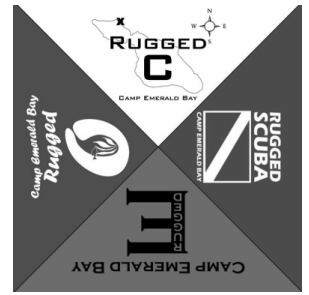


Western Los Angeles County Council, B.S.A.
 16525 Sherman Way, Unit C-8, Van Nuys, CA 91406
 Council Headquarters: 818/785-8700
 Camping Department: 818/933-0130
 Emeraldbay@bsa-la.org



RUGGED ADVENTURERS 2006 APPLICATION FORM

(Individual Scouts may use this form with the second contact being their Scout Master)

Please circle one.

TROOP / TEAM / CREW #: _____ **COUNCIL:** _____ **DISTRICT:** _____

Is your troop sponsored by the LDS church: YES / NO If yes, what is the ward name: _____

Primary Contact - Direct all billing and information to: (Please print all information legibly)

NAME: _____ **POSITION:** _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **E-MAIL:** _____

NIGHT PHONE: () _____ **DAY PHONE:** () _____ **FAX:** () _____

Secondary Contact - A second contact person is mandatory for all reservations (reservations will not be processed without this information). MUST BE AT A DIFFERENT ADDRESS from ABOVE: (Please print all information legibly)

NAME: _____ **POSITION:** _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **E-MAIL:** _____

NIGHT PHONE: () _____ **DAY PHONE:** () _____ **FAX:** () _____

SESSION: 1st choice: # RA/RC* _____ **DATES:** ____/____ 2nd choice: # RA/RC* _____ **DATES:** ____/____
 (Circle RA or RC) 3rd choice: # RA/RC* _____ **DATES:** ____/____ 4th choice: # RA/RC* _____ **DATES:** ____/____

***Note:** If your entire unit (minimum 14) wishes to participate in the Rugged C program, special sessions will be held from Wednesday to Tuesday with the following start dates: 1.) 7/26/06 2.) 8/2/06 3.) 8/9/06 4.) 8/16/06

Please enter four choices as Emerald Bay fills up very quickly. The first weeks to fill up are EB 6, 7, 8 & 9. A confirmation letter will advise of the week you have been assigned. If none of your requested weeks are available you will be contacted and given alternate dates. If alternate dates are not acceptable your deposit will be refunded.

A deposit is included for **Scouts** **A deposit is included for** **Adults**

The number that you list here is the number we will use for registration. Individual deposits are non-refundable so be sure your numbers are accurate. There is a limit to the number that can be accommodated in camp. Extra spaces over and above your numbers can be requested in writing on first come first served basis. The April installment fee of an additional \$100 per participant is required for the number stated. Extras may only be added if space is available. Please keep us fully informed of number changes (additions & reductions) you would like to make.

The 2006 Application Form is for your unit only. Please do not incorporate other troops into your reservation later.

A \$100 deposit per participant must accompany this form. Please write the following account number on your check: **1-6701-112-21**

Program Selection – Please specify the number of participants for each program.

Rugged "E": , **Rugged "O":** , **Rugged "C":** ^, **Rugged SCUBA:** ^^.

^^Due to safety concerns Rugged "C" expeditions must have a minimum total enrollment of 14. In the event that the minimum number is not met during our regular weeks of summer camp, participants may join Rugged "E."

^^Before numbers for Rugged "SCUBA" are recorded, participants must register with Malibu Divers at 310-456-2396 in order to ensure availability. Registration for Rugged SCUBA begins March 1st.

UNIT ACCIDENT AND SICKNESS INSURANCE IS REQUIRED FOR ATTENDANCE AT CAMP. This insurance is secondary to the individual's family medical insurance. Avalon Hospital requires that all campers have a copy of the front and back side of their medical I.D. card showing insurance coverage. In the event that a Scout's family has no medical insurance, the troop insurance becomes primary. In this case, a copy of the unit insurance must be brought to camp and will need to be presented at Avalon Hospital for the Scout to receive medical attention. PLEASE COMPLETE INSURANCE INFORMATION:

Is the insurance for your troop carried by your council? Please indicate: **YES / NO**

If your council does not carry insurance for your unit please complete your unit policy details here:

COMPANY NAME: _____ **POLICY #:** _____ **EXPIRATION DATE:** ____/____.