

Whitsett Sierra High Adventure Trek 2006

Reservation Form

Complete one form per crew!

Unit # _____ Scout Troop Varsity Team **Coed Unit?**
 (Check one box to indicate unit type) Venture Crew Explorer Post Yes No
State: _____ **Council:** _____ **District:** _____

One contact must be the crew leader (Please print).

Direct all information to: Please check this box if this person is the Crew Leader.
Name: _____ **Position:** _____
Address: _____ **City:** _____
State: _____ **Zip:** _____ **e-mail:** _____
Evening Phone: () _____ **Day Phone:** () _____

A second contact person is mandatory for all reservations: Please check this box if this person is the Crew Leader.
Name: _____ **Position:** _____
Address: _____ **City:** _____
State: _____ **Zip:** _____ **e-mail:** _____
Evening Phone: () _____ **Day Phone:** () _____

Please indicate which Trek Plan: **High Adventure 2006** **\$385 per person** _____
 High Sierra Trek 2006 **\$280 per person** _____

We request the following arrival date: **1st WS #** _____ **2nd WS#** _____ **3rd WS#** _____

Minimum per group is 7 and maximum is 12, including adults. No additions or subtractions after May 1. Any cancellations after May 1 will result in a \$50 cancellation fee. Any cancellations within one month of your trek will also result in an additional fee from the rafting company.

<p>Total number of youth. (All youth must be 13 as of January 1)</p>	<p>Male _____</p>	<p>Female _____</p>	<p><u>For office use only</u> Date Received _____ Receipt# _____ Confirmation Sent _____ Unit ID# _____</p>
<p>Total number of adults. (2-4 per crew. At least one adult must be over 21 years of age) Co-ed units must have at least one 21+ adult of each gender.</p>	<p>Male _____</p>	<p>Female _____</p>	
<p>The total number of participants (youth and adults) (All crews are required to have a majority of youth members)</p>	<p>Male _____</p>	<p>Female _____</p>	
<p>The total reservation deposit enclosed (Total number of participants x \$50)**</p>	<p>\$ _____ .00</p>		

UNIT ACCIDENT AND SICKNESS INSURANCE IS REQUIRED FOR PARTICIPATION IN THE WHITSETT SIERRA PROGRAM. PLEASE INDICATE YOUR INSURANCE INFORMATION: If this insurance for your troop is carried by your council please indicate: YES / NO
 If your unit carries its own insurance please complete the following.

COMPANY NAME: _____ POLICY#: _____ EXPIRATION DATE: _____

**All reservation deposit fees are non-refundable. These may not be applied to the balance of fees in the event of a cancellation of one or more participants. The payment plan is detailed on the reverse side of this form.