



**HI-SIERRA TREKKING AND BASE CAMP
2009 SUMMER CAMP RESERVATION
SANTA CLARA COUNTY COUNCIL
BOY SCOUTS OF AMERICA**

Unit Type & Number _____ District _____ Council: _____

Session Dates (please check one)

- Week 1 – June 28 ~ July 4
- Week 2 – July 5 ~ July 11
- Week 3 – July 12 ~ July 18
- Week 4 – July 19 ~ July 25
- Week 5 – July 26 ~ August 1
- Week 6 – August 2 ~ August 8

MAKING YOUR RESERVATION – A **\$25** deposit is required for **individual participants**. A **\$150** deposit is required for **groups of 6** or more participants. This deposit is not refundable but may be applied to the group's overall fee. All registrations are due by June 1, 2009 and a complete participate roster is due at that time.

CAMP FEE & PAYMENT SCHEDULE

Fee for Camp Hi-Sierra's Hi-Sierra Trekking 2009 is \$290.00 per participant (this fee applies to any adults attending).

Your next payment is **\$25** per participant and is due on or before **February 1, 2009** with an additional **\$75** per participant payment due on or before **April 1, 2009**. The final per participant payment is due on or before **June 1, 2009**.

Medical Forms

Class 3 forms are required for all Base Camp Program participants. All participants must be in good shape and be prepared to hike 10 miles, bike 15 miles, and swimmers.

DISCOUNTS

Early-Bird discount of **\$5** per participant is available to units or individuals who meet the payment schedule above by **June 1, 2009**.

REFUNDS

Individual fees **are not** refundable but are transferable from one individual to another within your unit. Special requests must be made through the Camp Director.

SINGLE PARTICIPANT INFORMATION: (Provisional participants are encouraged each session)

Participant's Name	Address	City/State/Zip
E-mail	Phone	Birth Date

GROUP INFORMATION:

Primary Contact:

Secondary Contact:

Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: (H) _____ (W) _____	Phone: (H) _____ (W) _____
Email: _____	Email: _____
Unit Position: _____	Unit Position: _____

Rules for acceptance and participation in this program are the same for everyone without regard to race, color, or national origin. Return completed form to: **Santa Clara County Council, BSA, 970 West Julian, San Jose, CA 95126, Phone (408) 280-5088, Fax (408) 280-5162**

Event Code: **056** TRX# _____ Date: _____ Amount: _____

