

Salmon River High Adventure Base

2018 Registration Form

Send this form with your deposit to: Salmon River High Adventure Base
Ore-Ida Council 8901 W. Franklin Rd. Boise, ID 83709

Unit #: _____ Troop/Team/Crew (*circle one*) District: _____ Council: _____

ACTIVITY FEES (per person)

3 Day: \$205.00 with food 5 Day \$260.00 with food

Discounts: If fees are paid before the early payment deadline. Gold card units receive a \$15.00 per person discount. No Gold Card will be offered after the early payment deadline.

= 3 Day: \$190.00 5 Day \$245.00 with food

Deposit of \$25.00 per participant to hold reservation

LATE FEES

After April 25th, add \$10.00
After May 23rd, add \$20.00

UNIT LEADER: _____ PHONE: C: _____ H: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-Mail Address: _____ Leader's Signature: _____

Position: _____ Date: _____

PLEASE CHECK WEEK

Deposit Paid: _____

____ Week 1—June 18-22

____ Week 2—June 25- June 29

____ Week 3—July 2-6

____ Week 4—July 9-13

____ Week 5—July 16-20

____ Week 6—July 23-27

____ 3 day Mon. - Wed.

____ 3 day Wed. - Fri.

____ 5 day Mon. - Fri.

Number of Youth: _____

Number of Adults: _____

Alternate Point of Contact info:

Name: _____

Cell Phone # _____

E-Mail Address: _____

\$25 PER PARTICIPANT NON-REFUNDABLE DEPOSIT for Reservation.

To secure a reservation, submit a completed reservation form and a \$25 per participant non-refundable deposit to the Ore-Ida Council Service Center. This will hold a reservation until the April 25th payment deadline. The deposit may be used by another participant from the unit to attend the same camp session, as long as the total number of participants scheduled to attend during that session does not decrease. X: _____

(Signature of Acknowledgement)

PARTICIPANT AGE REQUIREMENT

All participants must be 13 years of age or older by January 31 of the year they wish to participate. Age requirements for SRHAB cannot be relaxed. Please do not request or expect exceptions.

OFFICE USE ONLY
