

Salmon River High Adventure Base

2019 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)

TO BE DETERMINED

Deposit of \$25.00 per participant to hold reservation
Balance due by April 23rd to avoid additional late fees.

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

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

E-Mail Address: _____

Position: _____ Date: _____

PLEASE CHECK WEEK

Deposit Paid: _____

- ____ Week 1—June 17-21
- ____ Week 2—June 24-28
- ____ Week 3—July 1-5
- ____ Week 4—July 8-12
- ____ Week 5—July 15-19
- ____ Week 6—July 22-26

- ____ 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 24th 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

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