CHS TREKKING
2011 SUMMER CAMP RESERVATION
SANTA CLARA COUNTY COUNCIL
BOY SCOUTS OF AMERICA

Unit Type & Number: _____ District: _____ Council: _____

Session Dates (please check one)

- ❒ Week 1 – July 3 ~ July 9
- ❒ Week 2 – July 10 ~ July 16
- ❒ Week 3 – July 17 ~ July 23
- ❒ Week 4 – July 24 ~ July 30
- ❒ Week 5 – July 31 ~ August 6

MAKING YOUR RESERVATION – A **$25** deposit is required for **individual participants**. A **$150** deposit is required for **groups of 6** or more participants (Trek maximum 10 per trek). This deposit is not refundable but may be applied to the group's overall fee. All registrations are due by June 15, 2011 and a complete participate roster is due at that time.

CAMP FEE & PAYMENT SCHEDULE

Fee for Camp Hi-Sierra's Hi-Sierra Trekking 2011 is $285.00 per participant when signed up before November 30, 2010. Fee for participants after November 30, 2010 will be $310. This fee applies to youth and adults participating in the trek.
Your next payment is **$75** per participant and is due on or before **February 1, 2011** with an additional **$75** per participant payment due on or before **April 1, 2011**. The final per participant payment is due on or before **June 1, 2011**.

Medical Forms

Annual Health and Medical Record (Form 34605). All participants must be in good shape and be prepared to hike 30 miles, bike 15 miles, and swimmers. Recommended age for all participants is 14 and up.

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: _____

Return completed form to: **Santa Clara County Council, BSA, 970 West Julian, San Jose, CA 95126, Phone (408) 280-5088 or Fax (408) 280-5162**

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

HI-SIERRA TREKKING

Please List All Participants (Trek maximum 10 per trek)

Name	Address	Phone	Birth date