



# MISSOURI RIVER HIGH ADVENTURE BASE 2011 Reservation Form

Please register (unit type) \_\_\_\_\_ (unit number) \_\_\_\_\_ of (city/state) \_\_\_\_\_ of  
District \_\_\_\_\_ Council \_\_\_\_\_

This form must be complete in order to be processed. Please complete BOTH pages.!

Number of participants below 21 years of age \_\_\_\_\_

Number of male leader(s) above 21 years of age \_\_\_\_\_

Number of female leader(s) above 21 years of age \_\_\_\_\_

Total number of participants \_\_\_\_\_

## Indicate Trek and Circle Southern or Sailing Adventure Journey (7 days)

June 12 – 18	Southern	
June 19 – 25	Southern	
June 26 – July 2	Southern	
July 10 – 16	Southern	Sailing Adventure
July 17 – 23	Southern	Sailing Adventure
July 24 – 30	Southern	Sailing Adventure

**Please complete both pages of the reservation form.**

# RESERVATION FORM CONTINUED

Leaders Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**BSA policy require that participants  
must be 13 years of age before January 1<sup>st</sup> of  
the year of participation.  
NO Exceptions!**

## **Please note the following:**

1. Journey Fee is \$225.00. If registered prior to January 1<sup>st</sup>, each participant will receive a \$25.00 discount.
2. A \$75.00 non-refundable, but transferable deposit is required for each participant. Deposit can be transferred to a new registrant only. This deposit must accompany this registration form. A trek cannot be held without a deposit for each participant.
3. Your remaining balance is due by May 1<sup>st</sup>.
4. The minimum number of participants is 7 and the maximum is 11. One leader must be 21 or older: male leader for male participants, female leader for female participants.
5. The Missouri River High Adventure Base of the Sioux Council is available to all eligible youth, without regard to race, color, national origin or handicap
6. Send your registration and deposit to: Sioux Council, BSA, 800 N. West Ave. , Sioux Falls, SD 57104
- 7.

## **For Office Use Only**

Date Received _____	Trek Date & Numbers _____
Deposit Paid \$ _____	South Trek/Sailing _____
Number of Participants _____	Confirmation Letter Sent _____
Summer Contact _____	Health Forms Received _____