



MISSOURI RIVER HIGH ADVENTURE BASE 2010 Reservation Form

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

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 _____

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

Indicate Trek and Circle Southern or Northern Journey (7 days)

June 13 – 19	Northern	Southern
June 20 – 26	Northern	Southern
June 27 – July 3	Northern	Southern
July 11 – 17	Northern	Southern
July 18 – 24	Northern	Southern
July 25 – 31	Northern	Southern

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 1st of the year of participation. NO Exceptions!

Please note the following:

1. Journey Fee is \$225.00. Expedition Fee is \$275.00. If registered prior to January 1st, 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 1st.
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

For Office Use Only

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