2009 Camp Sheppard High Adventure Base Registration and Schedules

Note- A trekker may register as an individual participant without unit leadership.

I certify that I have read and agree to comply with all listed policies and procedures.

*Signed*_____ ***Unit*** #_____

*Unit Position*_____ Council Name:_____

1. **Return to**: Camping Department
   3120 Rainier Avenue South
   Post Office Box 440408.
   Seattle, WA 98114

   Contact the Chief Seattle Council Camping Department at 206-725-0361 or campingdept@seattlebsa.org for further registration information. For further trek information contact Pat Tobin, Base Director 1- 360 - 663 - 2223 or ptobin@seattlebsa.org

2. Name of unit's health and accident insurance carrier _____

3. Policy Number _____ Expiration Date_____

Insurance is required. Camp does not cover trekker health and accident insurance. Each unit is required to obtain its own Coverage for their trekkers. We must have the name of the insurance provider and policy number no later then the 30-day Payment deadline. This information must also appear on the trekkers health form.

4. In the chart below, fill in your first thee choices for all treks and dates you are interested in your order of preference. The maximum capacity you may register is listed after the treks.

Tri-Treks 10 Choice # 1-3 ___ , Mountain Bike Descents 10 Choice # 1-3 ____, Discovery Treks 10 Choice # 1-3 ____

July 5 – 11 ____ , 12 – 18 _____ , 19 – 25 _____ , July 26 - Aug. 1 _____ , 2 – 8 _____ , 9 – 15 _____ , 16 – 22_____

Route preferences _____

Discovery Trek - Goat Rocks Wilderness 10 Choice # 1-3 _____ , Aug. 2 – 8 ____ , 9 – 15 ____ , 16 – 22 _____

Basic Mountaineering Seminars 9 Choice # 1-3 ____ , July 12 - 18 ____ , July 26 – Aug. 1 ____ , 9 - 15 _____

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Mt. Rainier Expeditions 9 Choice # 1-3 ____ , July 19 – 25 ____ , Aug. 2 – 8 ____ , 16 – 22 ____

Ranger Challenge 4 Choice # 1-3 _____ , Aug. 16 - 22

5. **Include the required non- refundable deposit of $75 for each trekker to hold your space on the trek.**

____Estimated Youth # ____ Estimated Adults Do you need a bus ride between SeaTac airport and Camp Sheppard **?**

YES / NO Flight Info / Comments _____

Primary Contact *(please print clearly)*

Name_____

Position_____

Address_____

City_____ State_____ Zip_____

Phone (H)_____ (W)_____

Email_____

Secondary Contact *(please print clearly)*

Name_____

Position_____

Address_____

City_____ State_____ Zip_____

Phone (H)_____ (W)_____

Email_____