

Cape Cod Maritime Adventure Payment Transmittal Form

Troop ___ Venturing Crew ___ Number _____ Council Name _____

Arrival Date: _____

Leader's Name _____

Address _____ City/State/Zip _____

Daytime Phone _____ Evening Phone _____

Email address _____

Asst. Leader's Name _____

Address _____ City/State/Zip _____

Daytime Phone _____ Evening Phone _____

Email address _____

Number of youth attending: _____ Number of adults attending: _____

5-Day Outer Cape Adventure: \$625 x total participants = \$ _____

5-Day Island Hopper: \$725 x total participants = \$ _____

4-Day Pleasant Bay: \$395 x total participants = \$ _____

3-Day Sandy Neck: \$295 x total participants = \$ _____

Payment Enclosed

\$50 Deposit per participant Due by February 1st = \$ _____

50% of Fees less deposit due by April 1st = \$ _____

Balance of Fees Due by June 1st = \$ _____

If paying by credit card (MasterCard or Visa only) please complete the following:

Card # _____

Expiration Date _____ Name on Card _____

Signature _____

Credit card payments may be faxed to 508-362-4323 or emailed to dick.aiken@scouting.org.

Make checks payable to *Cape Cod & Islands Council* and mail to:

Cape Cod & Islands Council
247 Willow Street
Yarmouth Port, MA 02675