

# 2012 Cape Cod Maritime Adventure Unit Registration Form

Troop \_\_\_ Venturing Crew/Sea Scout Ship \_\_\_ Number \_\_\_\_\_ Council Name \_\_\_\_\_

Check Program/Period

Program	Jun 24- Jun 30	Jul 1- Jul 7	Jul 8- Jul 14	Jul 15- Jul 21	Jul 22- Jul 29	Jul 29- Aug 4	Aug 5- Aug 11
5-day <u>Outer Cape</u> Adventure (\$625 per person)							
5-day <u>Island Hopper</u> (\$725 per person)							
4-day <u>Pleasant Bay</u> (\$395 per person)							
3-day <u>Sandy Neck</u> (\$295 per person)							

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 \_\_\_\_\_

Youth Members Name and age as of September 1st.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

\$50 Deposit per person required by February 1. Deposit is transferable, but non-refundable.

***All participants are required to complete the "Annual Health and Medical Record" (parts A, B & C) and Must be at least 13 years old as of September 1st of the trek calendar year.***

Return this form to:  
Cape Cod & Islands Council  
247 Willow Street  
Yarmouth Port MA 02675

Phone: 508-362-4322 Fax: 508-362-4323 email: [dick.aiken@scouting.org](mailto:dick.aiken@scouting.org)