

Cascade Pacific Council
2145 SW Naito Parkway
Portland, OR 97201

email: info@cpcbsa.org

CHALLENGING OUTDOOR PERSONAL EXPERIENCE

C. O. P. E.

2006 RESERVATION FORM

(One form per unit/per session attending)

Boy Scouts of America
Portland Office: (503) 226-3423
Vancouver Line: (360) 693-1741
Fax: (503) 225-5733
Salem: (503) 581-6601, x 201

ALL SIGN-UPS ON A FIRST-COME, FIRST-SERVED BASIS!!!

C.O.P.E. is designed for adults and youth **at least 13 years of age or older by January 1, 2006**, and is specifically designed for a team-building experience

SCOUTERS' MOUNTAIN

MAX OF 30 PEOPLE PER DAY

| | | | | | |
|--------------|------------|-------------|---------------|------------------|----------------|
| ___ April 15 | ___ May 6 | ___ June 3 | ___ August 12 | ___ September 9 | ___ October 7 |
| ___ April 22 | ___ May 13 | ___ June 10 | ___ August 19 | ___ September 16 | ___ October 14 |
| ___ April 29 | ___ May 20 | ___ June 17 | ___ August 26 | ___ September 23 | ___ October 21 |

1-6801-643-20

Indicate your choice by placing an **X** on the line in front of the session desired.

Cascade Pacific Council "Friends of Scouting" discounts apply.

IMPORTANT: See reverse side for reservation and refund policy.

The number of Scouts projected to attend is ___ Male and/or ___ Female, to be accompanied by (___ Male and/or ___ Female) adults.

NOTE: Please give as accurate an estimate as possible so all Scouts with a desire to go to camp will have the opportunity to attend.

Troop-Team-Crew-Ship-Post # _____ **District** _____ **Council** _____

(Circle One)

ONLY ONE (1) UNIT PER RESERVATION FORM! THANKS!

Check here if your unit has any **special physical or medical needs** that would affect your participation?

A **Special Needs** form will need to be completed and returned to the Portland Service Center at least **one month** prior to your arrival.

Camp information will only be mailed directly to the primary contact person. They will be responsible for sharing information.

Most information provided to the Primary Contact is also available on the council website at www.cpcbsa.org

Primary Contact for this Reservation:

Name: _____

Address: _____

City/State/Zip: _____

Phone: Day () _____ Eve. () _____

Email: _____

Signature of Person Completing Form

Title of person completing form _____ Date _____

Unit Committee Chairman:

Name: _____

Address: _____

City/State/Zip: _____

Phone: Day () _____ Eve. () _____

Email: _____

Insurance is required for all those attending camp. Bring a copy of policy and claim form to camp. Insurance data must be received prior to camp. Indicate your Medical Accident Insurance plan below. Write personal if each person is providing their own insurance.

Insurance Company (not agent) _____ Policy Number _____

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, or national origin.

(Circle One) Visa, MasterCard, American Express or Discover # _____

Cardholder Signature _____ Exp. Date _____

Reservation Number

2006 – CHALLENGING OUTDOOR PERSONAL EXPERIENCE – C. O. P. E. – 2006

| | <u>With FOS</u> | <u>Not FOS</u> |
|---|------------------------------------|------------------------------------|
| Placeholder Deposit due at time of sign-up | \$5 per person (non refundable) | \$5 per person (non refundable) |
| Final Payment due 2 weeks prior to camp (see refund policy below) | \$9.00 per person | \$11.50 per person |
| TOTAL FEE | \$14.00 per person | \$16.50 per person |

Instructions:

To reserve space at camp, make a **placeholder deposit** of \$5.⁰⁰ per person.

If your unit is a **FOS Presidential** unit (for Cascade Pacific Council units only) by April 26, 2006, your members will enjoy further savings as shown.

Making Changes:

Should changes to your reservation be necessary, they **must** be in writing and include the unit number, reservation number, changes requested, name of person requesting the change, and phone number. We'll make the change and contact that person if there are questions. It's necessary to have this in writing to serve you more efficiently, and ensure that your reservation is correct.

Payment Transfers:

We do not maintain a list of individuals planning for C.O.P.E., so the adult leader may choose to allow another person to fill the place of an individual unable to attend. When an individual cannot attend, leaders are *encouraged* to find a replacement to prevent loss of fees paid.

Refunds:

Up to 2 weeks prior to C.O.P.E.: a refund is available of all fees paid less the \$5.⁰⁰ deposit. **Within 2 weeks of to C.O.P.E.:** refunds are only available should the Scout in question find himself in one of these circumstances:

- a)** his/her family moves out of council
- b)** there is a death or serious illness in his/her immediate family requiring his/her attendance
- c)** he/she becomes ill and unable to attend camp. If so, the refund is for fees paid less the \$5.⁰⁰ deposit.

All refund requests **must** be in writing. Up to 2 weeks prior to C.O.P.E., written request may be sent to the Portland Service Center. Within 2 weeks of C.O.P.E. please make refund requests upon arrival at C.O.P.E. with the C.O.P.E. director using the Refund Request Form, listing the reason each person was unable to attend. These refunds will be measured to the refund policy (see above) and granted accordingly. **Refunds are mailed to the currently registered Unit Committee Chair or Group Contact.**

Cancellations:

Cancellation of your reservation will result in forfeiture of fees. If cancellation occurs up to 2 weeks prior to C.O.P.E., the \$5.⁰⁰ deposit per person is forfeited. Cancellations after 2 weeks prior forfeit the entire fee per person. If Payments are not current for the number of persons promised to attend, the unit will receive a bill for payments as reserved.

Revised 10/21/05