



# Registration Form

## 2009 Kodiak / Ranger Trek



A \$100 non-refundable deposit is due with this form. Your total fee will be due no later than June 12th, 2009. *Refunds of fees will be issued only in cases of illness, family emergency or participant's relocation. No refunds will be issued after June 26th, 2009. Documentation will be required.*

Youth that desire to participate must be in good physical health and have a current Medical and Health Record Form. That form should be attached to registration when it is mailed in.

All participants must also fill out and sign the attached permission slip/media release form.

Return all completed forms and deposit to:

**Jonathan Glassman**  
**Connecticut Yankee Council, BSA**  
**PO Box 32**  
**Milford, CT 06460**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

E-Mail: \_\_\_\_\_

Shirt Size: \_\_\_\_ Gender: \_\_\_\_ Unit Type / #: \_\_\_\_\_

Please note any special dietary needs on the back of this form.

*I commit to participate in the activities of this trek, practice safe Scouting, and, most of all, have fun.*

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I certify that this youth has the skills and attitude necessary to succeed in this event.*

**Advisors signature:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_