

COPE Challenging Outdoor Personal Experience Reservation Form

Unit/Organization: _____
District _____ Council _____

Point of Contact:
Name _____
Address: _____
Telephone Nr. _____
Email address: _____

Name of Instructor being provided by unit/group (if applicable):

Instructor must be registered with the Connecticut Yankee Council COPE/Climbing Committee and have current certification in the program being offered.

A COPE Program is requested on (date) _____
at Camp Sequassen.

The following program is requested:

- All-day teambuilding Low COPE program for minimum of 10 participants:
Nr. of participants _____ X \$35 = _____

- All-day teambuilding Low and High COPE program for minimum of 12 participants:
Nr. of participants _____ X \$45 = _____

The following forms will be available on day of the program:

- Medical Information
- Parental Consent
- Hold Harmless Agreement (non-BSA organizations only)
- Certificate of Insurance (non-BSA organizations only)

Attachment A