

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. Discount \$100 from total due if unit instructor is provided, limit of one unit provided instructor.

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

The following program is requested:

All-day teambuilding Low COPE program:
Program for 6 - 10 participants \$450 = _____
Nr. of additional participants _____ X \$40 = _____
Total _____

All-day teambuilding Low and High COPE program:
Program for 6 - 10 participants \$575 = _____
Nr. of additional participants _____ X \$50 = _____
Total _____

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