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