Climbing Tower 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 $60 from total due if unit instructor is provided, limit of one unit provided instructor.

Reservation date:     _____________________________

Number of participants:  ________ youth   ________ adults

Ages and experience levels of participants are important considerations in tailoring the climbing program to your unit’s needs. Please provide us with as much information as you can about your group:

Ages:  ________________________________________________________
Climbing experience:  ___________________________________________
________________________________________________________________

Program duration:

☐ All-day program: $350 for up to 10 climbers. $30 for each additional climber.
   Nr. of climbers ____                     Total due $ _____________

☐ Half-day program: $250 for up to 12 climbers. $20 for each additional climber.
   (please circle one)  morning or  afternoon
   Nr. of climbers ____                     Total due $ _____________

Groups need to provide the following forms on the day of the program:

• Medical Information
• Parental Consent (available online at ctyankee.org)
• Hold Harmless Agreement (non-BSA organizations only)
• Certificate of Insurance (non-BSA organizations only)