

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)