



Boy Scouts of America
Troop 29
C & O Canal Bike Trip
Adult Activity Registration Form

Adult Name: _____

Activity Title: C&O Canal Bike Trip
Activity Location: Camping at Antietam Creek Recreation Area, MD
Activity Dates: March 26 – 28, 2010
Cost per Person: \$20/person
Gathering/Returning Location: Red Clay Creek Presbyterian Church
Gathering Date & Time: March 26, 2010 530 PM
Returning Date & Time: March 28, 2010, 2 PM
DEADLINE TO REGISTER: March 15, 2010

Be sure to read the [Activity Sheet](#) for program details, logistics information, and more.

Medical Information: TO BE SIGNED BY ADULT

(check applicable boxes and provide information where requested)

- There have been NO CHANGES in this Adult's medical facts, history or insurance since the last health forms submitted.
- There HAVE BEEN SOME CHANGES in this Adult's health form information; I have noted those changes on this form.
- This Adult will need medications during this activity. Adult medication will be turned into the Tour Leader (or designee).

Adult Signature: _____ **Print name:** _____

Travel Information:

Will this Adult be traveling with the group? (If "no", provide **Special Arrangements** information below)

From gathering point to Activity? Yes No Returning from Activity back to gathering point? Yes No

- I will volunteer to drive and transport Scouts; I will volunteer to tow the equipment trailer
 Seat availability is Driver + ____ Scouts.

Special Departure Arrangements: (only complete this section if applicable)

- This Adult will not travel to the activity with the group — he/she will go directly to the activity as follows:

Adult travel plans: _____
 Adult will arrive at the activity on (day) _____ at (time) _____

Special Return Arrangements:

- Adult will not travel back from the activity with the group — he/she will depart from the activity as follows:

Adult departure plans: _____
 Adult will leave the activity on (day) _____ at (time) _____

Financial Direction: Please indicate preferred payment method for this trip below.

- Check Attached Invoice Adult Billing Account Adult Initials: _____



Registration Use Only:

Rec'd On: ___/___/_____	Rec'd By: _____	Notes:
Departure Check-In: <input type="checkbox"/> By: _____	Signed Out By: _____	
Medicines Checked In: <input type="checkbox"/> Yes By: _____ <input type="checkbox"/> No		