



**Boy Scouts of America**  
**Troop 29 Sea Base 2011 Scuba Adventure**  
**Adult Activity Registration Form**

**Adult Name:** \_\_\_\_\_

**Activity Title:** Sea Base Scuba Adventure 2011  
**Activity Location:** Lower Matecumbe Key, Islamorada, FL  
**Activity Dates:** August 10 - August 17, 2011  
**Cost per Person:** \$850 + an Estimated \$350 - \$400 travel expenses  
+ Scuba Certification \$290  
**Gathering/Returning Location:** Red Clay Creek Presbyterian Church  
**Gathering Date & Time:** August 10, 2011, Time TBD  
**Returning Date & Time:** August 17 2011, Time TBD  
**Deadline to Register:** March 29, 2010

**Mandatory Meeting and Deposit Due: March 29, 2010 615PM RCCPC Downstairs all interested Scouts + Adults**

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 can transport \_\_\_\_\_ people, including myself
- I will volunteer to tow the equipment trailer

**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) \_\_\_\_\_

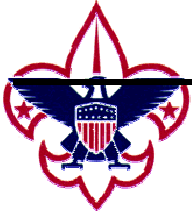
**Special Return Arrangements:**

- 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       Cash Provided       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		