

MONMOUTH COUNCIL
BOY SCOUTS OF AMERICA
705 GINESI DRIVE
MORGANVILLE, NEW JERSEY 07751

PHILMONT 2008 EXPEDITION REGISTRATION FORM

(Last Name) (First Name) (Middle Initial)

(Address) (City) (State) (Zip Code)

Home Phone Number: _____ Religious Preference: _____

Date of Birth: _____ E-mail (Parent/Guardian) _____

In case of Emergency, please notify: _____

Emergency Phone number: _____

Alternate emergency contact: _____

Alternate Phone number: _____

REFUND POLICY: If a scout registers for the Philmont 2008 Expedition and then finds that he/she cannot participate, the refund amount will be determined based upon whether an alternate can be found to take the scouts place. The chart shown on the Payment and Refund Policies page provides an estimated fee liability. In all cases, any expenses incurred for pre-Philmont activities will be reflected as a reduction to a refund. The actual refund amount will be calculated based upon payments made by the scout and deducting expenses incurred for pre-Philmont activities at the time he/she withdraws from the Philmont 2008 Expedition. We reserve the right to process refunds after completion of the Expedition in July 2008.

TENTATIVE PAYMENT SCHEDULE

Aug. 30	\$300.00	Jan. 1	\$150.00	Apr. 1	\$150.00
Nov. 1	\$200.00	Feb. 1	\$150.00	May 1	\$150.00
Dec. 1	\$150.00	Mar. 1	\$150.00		

PARENTS' OR GUARDIANS' APPROVAL: I am willing and desirous that my child be a member of the Monmouth Council Philmont Expedition. If accepted, I will see that he is given the required medical examination and will obtain a doctor's certificate stating that my child is physically able to undertake this trip and also stating that the doctor is aware the trip will include Wail hiking at an altitude range of 6,000 to 12,000 feet. In the event that I cannot be reached in a medical emergency, nor can the person who is listed at the emergency phone, I hereby give permission to the physician selected by the adult leader in charge to provide the necessary medical treatment, including hospitalization, securing proper anesthesia, or ordering injection or surgery, for the scout named above.

I understand and agree to all of the above conditions.

Date: _____

Signature: _____

On this ____ day of August, in the year 200_, before me

personally came _____ to me known, who, being by me duly sworn, did dispose that he/she

is the Parent/Guardian of _____ and say that he resides in New Jersey; and that name Parent/Guardian was signed hereto by like order.

Notary Public
Notary Public of New Jersey

My Commission Expires: _____

THIS FORM MUST BE NOTARIZED