



Monmouth Council, Boy Scouts of America

705 Ginesi Drive
Morganville, NJ 07751-1296
www.monmouthbsa.org

Telephone (732)536-2347

Fax (732)536-2850

PHILMONT 2016 EXPEDITION REGISTRATION FORM - SCOUT

Last Name: First Name: Middle Initial

Address: City State Zip

Unit: (Troop or Venture) Religion:

Home Phone # Parent Cell #

Date of Birth: Parent e-mail:

In case of emergency, please notify

Emergency phone number:

Alternate emergency contact:

Alternate emergency phone:

REFUND POLICY: If a scout registers for the Philmont 2016 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.

Scout PAYMENT SCHEDULE: Total Payment \$2,100.00

Table with 3 columns: Date, Amount, Date, Amount, Date, Amount. Rows include Mar. 2, Sept. 1, Oct. 1, Nov. 1, Dec. 1, Jan. 1, Feb. 1, Mar. 1, Apr. 1.

PARENTS OR GUARDIANS APPROVAL: I am willing and desirous that my child be member of the Monmouth Council Philmont 2016 Expedition. If Accepted, I will see that he/she 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 that the trip will include hiking at an altitude range of 6,000 to 12,000 feet.

I understand and agree to all of the above conditions.

On this ___ day of _____, in the year 20___, before me

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

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

Date:

Parent Signature:

Notary Public

Notary public of New Jersey My commission expires:

THIS FORM MUST BE NOTARIZED