

2000 Catholic Scout Retreat

Unit Registration Form / Maverick Scout Registration

This form must be received no later than September 15, 2000 to have meals provided by the dining hall.

If received AFTER September 15, 2000, your unit must be prepared to supply your own meals during the retreat.

Unit Number: _____ Sponsor: _____

Unit Leader's Name: _____

Address: _____

Phone number: Home (_____) _____

Work (_____) _____

e-mail (_____)

Number of Youth Attending: _____ X \$ 18.00 = _____

Number of Adults Attending: _____ X \$ 18.00 = _____

Total Remittance \$ _____

Be sure to include the additional forms for the C.O.P.E. registration this require Unit Leader approval.

Return this form and a copy of the medical forms to the Event Registrar:

Mr. Melvin Hart
8618 Sonnevile
Houston TX 77080
(713) 462-1464

2000 Catholic Scout Retreat
Older Scout Program Registration Form

Deadline for registration is September 15, 2000.

Registration in this program is limited to age 14 and over. Participation in this program requires the approval of the unit leader. It has to be understood that this is not a full C.O.P.E. program, but rather a scaled down version of it. There will be NO activity over 6 feet from the ground. This program will emphasize team building concepts.

Name: _____ **Age** _____

Name: _____ **Age** _____

Name: _____ **Age** _____

Name: _____ **Age** _____

Name: _____ **Age** _____

The Scouts listed above have my permission to participate in the 2000 Scout Retreat Older Scout Program. It is understood that an additional fee will be required of each participant. It is also understood that the participants in this activity will not receive the full COPE program, rather a scaled down version of it. The participation of these scouts in this program will not interfere with the operation of our troop during the retreat.

Signed: _____ **Date:** _____

Printed: _____ **Unit #:** _____

A current and valid copy of a Class 2 (or higher) Medical Form is required to be filed with the event registrar prior to participation in this event.

Return this form and a legible copy of the medical form(s) to the Registrar:

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We anticipate a number of scouts registering who are not attending with their home troop or patrol---Would you be able to invite any maverick scouts into your camp and to make them a part of your troop or patrol for the weekend?

Yes___ No___ If yes, how many?_____

Leader to contact _____.

Do you or any of your scouts or adults have any special needs or requirements? If so tell us about them
