MOONLIGHT KLONDIKE 2017 Long Trail District

Troop # _____ Town: _____

Contact: _____ phone: _____ email: _____

Please let us know if your unit is interested in camping overnight.

	BOY SCOUTS	Please check if camping overnight
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		

ADULTS	Please check If Camping Overnight
WEBELOS/ARROW OF LIGHT SCOUTS:	

So that we can plan appropriately, please register by 02/03/2017.

Please respect our need for advance planning.

Total participants _____ @ $10 = $ _____

Total Due $ _____

Mail completed form with unit check to:
Green Mountain Council, BSA
Long Trail Klondike 2017
P.O. Box 557
Waterbury, VT 05676-0557

For more information:
Kristy Walker- K_walker333@yahoo.com 274-7089

Please email Kristy with anticipated participation for event by February 3, 2017 so that we can plan for this event.

REMINDER: EVERYONE must bring with them a completed Medical Form, Parts A and B

- Keep two copies of this form: one for your use and one to turn in at Check-in with additions/corrections.
- We cannot make refunds at Check-in, but you may make substitutions for no-shows.
- In the interest of emergency preparedness, a complete roster must be presented at Check-in and updated as necessary during the event.