



Adirondack Scout Camps  
2803 Brewerton Road  
Syracuse, NY 13211

**ASC EXTENDED TREK  
2010 APPLICATION**



Troop # _____	Council _____	District _____
<b>WEEK</b>	<b>DATES</b>	<b>Estimated Attendance</b>
1	7/4 – 7/10	<b>Youth</b> _____
2	7/11 – 7/17	<b>Adult</b> _____
3	7/18 – 7/24	
4	7/25 – 7/31	
5	8/1 – 8/7	<b>Trek #</b>
6	8/8 – 8/14	1. _____
		2. _____

**Please circle desired week or weeks**

**We understand and agree that:**

1. Enclosed with this application is a non-refundable \$50.00 Reservation Fee. This fee will be applied to your overall total.
2. This application is not binding until acknowledgement has been issued by the Council Office.
3. A \$600.00 payment per trek is due to Council by November 30, 2009. This is not refundable and non transferable to an in camp stay and will be applied to remaining trek fees. With out this payment by this date your trek will be cancelled.
4. A second payment of \$1200.00 and tentative roster is also due by February 15, 2010 to the Council Office. This is not refundable and non transferable to an in camp stay and will be applied to remaining trek fees.
5. The balance of the fees is due by May 1, 2010 to the Council Office.
6. A minimum of two adult qualified leaders will be in charge during the entire period of the Unit's extended trek. At least one of these leaders will be over 21; the other may be over 18. All leaders and adults must file an Adult Leader Registration Form approved by the Unit's Committee Chairman and the Chartered Organization. The guide does not count as a leader.
7. Pack and Paddle Forms are due for all treks by April 1, 2010. This date is strictly enforced. No treks or forms accepted after this date.

**The Adirondack Scout Camps are inspected by both the New York State Health Department and The Boy Scouts of America. We are issued a permit to operate a Camp by both of these agencies and in all areas meet or exceed their requirements to operate a Children's Camp.**

Signature \_\_\_\_\_

Unit Camping Coordinator	
Name _____	
Address _____	
City _____	
State _____	Zip _____
Phone B. _____	H. _____
Cell. _____	

Office Use Only	
Deposit Amount _____	
Receipt # _____	Date _____
Fee Rate	
\$ _____	