



Adirondack Scout Camps  
2803 Brewerton Road  
Syracuse, NY 13211



**ASC EXTENDED TREK  
2012 APPLICATION**

Troop # \_\_\_\_\_ Council \_\_\_\_\_ District \_\_\_\_\_

WEEK	DATES	Estimated Attendance
1	7/1 / 7/7	Youth _____
2	7/8 / 7/14	Adult _____
3	7/15 – 7/21	
4	7/22 – 7/28	
5	7/29 – 8/4	
6	8/5 / 8/11	

Trek # 1. \_\_\_\_\_  
2. \_\_\_\_\_

**Please check desired week or weeks**

**We understand and agree that:**

- Enclosed with this 2012 Trek Reservation form is a non-refundable \$350.00 deposit due to Council by November 30, 2011. This fee will be applied to your overall total and is not refundable. A separate Extended Trek Reservation form must be sent in with an additional \$350.00 nonrefundable deposit for each trek.
- This application is not binding until acknowledgement has been issued by the Council Office.
- By March 15, 2012 a \$150.00 non-refundable but transferable deposit per person, youth and adult, is due to the council office along with a roster. Transferable means to any new addition to your roster. This deposit will be applied to your remaining trek fees. Without this payment by the date due your trek will be cancelled.
- The balance of the fees is due by May 1, 2012 to the Council Office. A \$50.00 per person late fee will be applied to each person not paying their fee in full by May 1, 2012.
- 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.
- Have read the Refund and Cancellation Policy.

**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  
\$ \_\_\_\_\_