



Chester County Council, B.S.A.

V-Week Advisor Registration

NAME _____ Crew / Troop _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PHONE _____ (CELL) _____

EMAIL _____ Council _____

ADULT PARTICIPATION IS AN IMPORTANT PART OF THE V-WEEK EXPERIENCE. ADULTS ARE ENCOURAGED TO COME WITH THEIR CREWS AND ACT AS MENTORS AND ROLE MODELS TO THE YOUTH!

I AM WILLING TO HELP DRIVE TO OFF-SITE LOCATIONS AS NECESSARY.

- #1 CHOOSE YOUR LENGTH OF STAY: BASIC COSTS:**
- | | | | |
|---|---------------------------|---------------|--------------|
| | | Before June 1 | After June 1 |
| <input type="radio"/> SUNDAY THRU SATURDAY (ALL WEEK) | Full week | \$130* | \$145* |
| <input type="radio"/> SUNDAY THRU TUESDAY (HALF WEEK) | Sunday-Tuesday Module | \$75* | \$90* |
| <input type="radio"/> WEDNESDAY THRU SATURDAY
(HALF WEEK INCLUDES FRIDAY FIELD TRIP) | Wednesday-Saturday Module | \$100* | \$115* |

Total Base Fee: _____

#2 CHOOSE YOUR PROGRAM:

AFTER JUNE 1, UNFILLED SEATS IN ALL PROGRAM AREAS WILL BE OPENED TO ADULTS ATTENDING V-WEEK. IN PROGRAMS WHERE MORE PARTICIPANTS WILL INCREASE PROGRAM COSTS, THE ADULT PARTICIPATING ARE ASKED PAY THESE COSTS. SOME PROGRAMS ARE IN NEED OF A SECOND ADULT IN ORDER FOR THE PROGRAM TO BE OFFERED. VOLUNTEERING FOR THIS POSITION WILL GUARENTEE YOUR PARTICIPATION.

	MONDAY/TUESDAY SESSION	WEDNESDAY/THURSDAY SESSION
A.M. 1ST CHOICE		
P.M. 1ST CHOICE		

Additional Program Fees: (see Guide to verify Prerequisites, Equipment, & Program details)

- | | | | | | |
|--|------|--|---------|--|----------------|
| <input type="checkbox"/> Project COPE | \$20 | <input type="checkbox"/> Handgun Certification | \$60 | <input type="checkbox"/> Mountain Biking | \$10 or \$4.50 |
| <input type="checkbox"/> Climbing and Rappelling | \$10 | <input type="checkbox"/> Metalworking | \$10.50 | <input type="checkbox"/> Blacksmithing | \$20 |
| <input type="checkbox"/> Horseback Riding* | \$55 | <input type="checkbox"/> Rifle & Shotgun | \$60 | <input type="checkbox"/> Basic First Aid/CPR | \$40 |
- * Requires waiver

Total Additional Program Fees: _____

#3 CHOOSE YOUR FIELD TRIP FRIDAY (Verify prerequisites for your selection!):

- | | | | | | |
|---|------|---|------|--------------------------------------|------|
| <input type="radio"/> Rock Climbing | \$20 | <input type="radio"/> Kayaking/Canoeing | \$45 | <input type="radio"/> Clay Shooting | \$65 |
| <input type="radio"/> Horseback Riding* | \$60 | <input type="radio"/> Mountain Biking | \$20 | Field Trip Friday Fees: _____ | |
- * Requires waiver

#4 SEND THIS REGISTRATION WITH A DEPOSIT: Total Base Fee \$ _____ +

(Use higher rate if final payment is submitted after June 1. All final fees due by June 15)

Send \$100 Deposit and this Registration to:
CAMPING ADMINISTRATION
504 S. CONCORD ROAD
WEST CHESTER, PA 19382
MAKE CHECKS PAYABLE TO: CCCBSA

Total Additional Program Fees \$ _____ +
 Field Trip Friday Fee \$ _____ = _____
 Deposit (with this Registration): - **\$100**
 Balance Due = \$ _____