TOUR APPLICATION — 2009 AMERICAN HERITAGE TOUR
JULY 11 — 18, 2009

Please complete entire application and submit to Bill Schofield no later than March 29, 2009

ALL FEES MUST BE PAID BY JUNE 7, 2009 — NO REFUNDS FOR CANCELLATIONS AFTER JUNE 7

Name _____ Birth Date _____ Age _____

Address _____ City/State _____ ZIP _____

Telephone number (___)_____ Parent's name _____

Youth Email Address_____ **Adult Email Address**_____

Social Security Number _____-____-_____Scout Rank _____ Unit Number _____ District_____

Unit leadership position(s) [current or past] _____

Circle Firecrafter rank: Camper - Woodsman - Firecrafter Member of the OA? ___ Yes ___ No

Primary instrument you play _____ Additional instrument(s)_____

T-shirt size (circle one) [all sizes are adult sizes]

3X* 2X XL Large Medium Small **(ALL SHIRTS ARE ADULT SIZES)**

FOUR T-shirts and a hat are included in the cost of the tour. Additional shirts may be ordered at a cost of $10.00 per shirt. ***Add $2.00 for 3X size** Hats may be ordered at $7.00 per hat. Additional shirts and hats **must** be ordered and paid for **NO LATER THAN** June 7, 2009 (date all fees are due).

Please register me for the 2009 Crossroads of America Scout Band American Heritage Tour. **I agree to wear the uniform as prescribed by the Band and to live by the rules as established by the National and Local Councils of the BSA, and to conduct myself according to the Scout Oath and Law.** I further agree to attend rehearsals on a regular basis on Sunday afternoons and participate in the Tour Shakedown.

_____

Signed by Tour Participant

PARENTS: (For those participants under the age of 18) I give my permission for _____ to participate in the 2009 Crossroads of America Scout Band Tour. I (we) hereby waive any claim against the Local or National Council, BSA, the Belzer Scout Band Booster Club, the sponsoring institution or it's officers, for any and all causes that may arise in connection with the activities of the above organization.

_____ _____ _____

Parent Signature Date Telephone numbers (daytime and home)

If unable to reach me at above number, please contact: _____

at (phone number[s]) _____ Relationship: _____

Name of Insurance Company _____ Policy number_____

FOR TOUR DIRECTOR USE

DATE APP. RECEIVED	$50.00 DEPOSIT	$200.00 BY 12/7/08	$200.00 2/1/09	$200.00 BY 4/5/09	$200.00 BY 6/7/09	MEDICAL RECEIVED	OWN UNIFORM

TOUR FEE $850.00 [Includes ALL transportation, meals, lodging, main attractions, 4 shirts, 1 hat]

ADDITIONAL SHIRTS _____ @ $10.00 = $_____ ADDITIONAL HATS _____@ $7.00 = $ _____

TOTAL FEES DUE $ _____