

# TOUR APPLICATION — 2008 Midwest States Tour July 12 – 19, 2008

Please complete entire application and submit to Bill Schofield no later than March 18, 2008

**ALL FEES MUST BE PAID BY JUNE 1, 2008--NO REFUNDS FOR CANCELLATIONS AFTER MAY 31**

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]**

5X\* 4X\* 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 1, 2008 (date all fees are due).

Please register me for the 2008 Crossroads of America Scout Band Mid West States Tour. I agree to wear the uniform as prescribed by the Band and to live by the rules, which are 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 2008 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 12/1/07	\$200.00 BY 2/1/08	\$200.00 BY 4/1/08	\$200.00 BY 6/1/08	MEDICAL RECEIVED	HAS PASSPORT

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