



Nite Hike 2008 - Unit Registration Form

Boy Scouts of Santa Clara County

(Please make copies if required)



Unit Information _____ District _____

Primary Adult Leader and Contact (Minimum two adults per patrol while on the trail)

Name _____ Phone (Cell or Home) _____

Address _____ City _____ ZIP _____

To mail patches, ribbons, awards, etc. after the event if necessary

Secondary Adult Leader

Name _____ Phone (Cell or Home) _____

Youth Participants & Additional Adult Leaders [use additional sheet(s) if necessary]

Name _____ Age ____ Home Phone _____ Adult (Y/N)? ____

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Name _____ Age ____ Home Phone _____ Adult (Y/N)? ____

Name _____ Age ____ Home Phone _____ Adult (Y/N)? ____

Registration Fees

Number of Participants (youth + adult) _____

Participant Cost (\$8 per person) _____

Leader Waiver (first two adults free) \$0.00
Total _____

Payment

Check Payable to Troop 14–Nite Hike

Cash (Exact amount ONLY)

Special Consideration: Partial Registration
 Disability in Unit

Event Activity Station (Identify exactly what is planned): _____

Special requirements for event station (large physical area, small area, etc.) _____

NOTE: In order for this application to be accepted, each and every unit is required to host one or more activity stations throughout the entire night. Failure to have the event station on-line by 6:00 PM may be cause to deny entry onto the course for the above participants. The registration fee will be forfeited. For 20 or more youths, two event stations are expected.

Please mail this form and payment in full to: Nite Hike, P.O. Box 2662, Santa Clara, CA 95055.
Do not turn this form into the Council office.