

**TOUR APPLICATION — 2023
ALASKA CRUISE
JUNE 28 – JULY 8, 2023**

Please complete entire application and submit to Bill Schofield no later than **March 1, 2023**
ALL FEES MUST BE PAID BY MAY 1, 2023 — NO REFUNDS FOR CANCELLATIONS AFTER
APRIL 1 YOU WILL NOT BE CONSIDERED AS GOING UNTIL 1/2 OF FEES ARE PAID
TOTAL TOUR FEE IS \$2,250

Name _____ Birth Date _____ Age _____
AS IT APPEARS ON PASSPORT / DRIVER'S LICENSE

Address _____ City/State _____ ZIP _____

Telephone number (____) _____ Parent's name _____

Youth Email Address _____ Adult Email Address _____

YOUTH Cell phone number _____ ADULT Cell Phone number _____

Scout Rank _____ Unit Number _____ District _____ Unit leadership position(s) [current or past] _____

Primary instrument you play _____ Additional instrument(s) _____

T-shirt size (circle one)

4X 3X 2X XL Large Medium Small **(ALL SHIRTS ARE ADULT SIZES)**

FOUR [4] T-shirts and one [1] hat are included in the cost of the tour. Additional shirts may be ordered at a cost of \$12.00 per shirt. Hats may be ordered at \$9.50 per hat. Additional shirts and hats **must** be ordered and paid for **NO LATER THAN** MAY 1, 2023 (date all fees are due). **This is subject to change**

Please register me for the 2023 Crossroads of America Scout Band 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.

COVID-19 VACCINE DATES [1] _____ [2] _____ [3] _____ [4] _____ PASSPORT: YES ___ NO ___

ADULTS: Date of **VENTURING** Youth Protection _____
Date of Weather Hazards _____ Date of Safe Swim _____

Signed by Tour Participant

PARENTS: (For those participants under the age of 18) I give my permission for _____ to participate in the 2023 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, Inc., 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 _____

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD WHEN THE MEDICAL FORM IS SUBMITTED

FOR TOUR DIRECTOR USE

APP & \$150 DEPOSIT	\$300 BY 11/1/22	\$300 BY 12/1/22	\$300 BY 1/1/23	\$300 BY 2/1/23	\$300 BY 3/1/23	\$300 BY 4/1/23	\$300 BY 5/1/23	MEDICAL IN
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TOUR FEE \$2,250.00* [Includes ALL meals, lodging, main attractions, 4 shirts and 1 hat]

ADDITIONAL SHIRTS _____ @ \$12.00 = \$ _____ HAT _____ @ \$9.50 = \$ _____ TOTAL FEES DUE \$ _____

*Could be less if the band receives corporate sponsorships or grants to defray the cost of the tour.