

**TOUR APPLICATION — 2024 ROUTE 66 HIGHLIGHTS TRAIN TOUR  
CHICAGO / ST. LOUIS / ALBUQUERQUE / SANTA FE / FLAGSTAFF /  
GRAND CANYON / LOS ANGELES**

**JUNE 11 – 19, 2024**

Please complete entire application and submit to Patty Smith no later than **March 1, 2024**

**ALL FEES MUST BE PAID BY MAY 15, 2024 — NO REFUNDS FOR CANCELLATIONS AFTER MAY 15**

**YOU WILL NOT BE CONSIDERED AS GOING UNTIL ½ OF FEES ARE PAID**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

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 15, 2024 (date all fees are due).

Please register me for the 2024 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.

**ADULTS:** Date of 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 2024 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 \_\_\_\_\_ Phone numbers (daytime and home) \_\_\_\_\_

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

at (phone number[s]) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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

**TOUR FEE \$1,800.00\* [Includes ALL meals, lodging, main attractions, 4 shirts and 1 hat]**

\*Could be less depending on number of attendees or fundraising done to defray the cost of the tour.

**FOR TOUR DIRECTOR USE**

APP & \$250 DEPOSIT	\$250 BY 12/1/23	\$250 BY 1/1/24	\$250 BY 2/1/24	\$250 BY 3/1/24	\$250 BY 4/1/24	\$300 BY 5/15/24	MEDICAL IN
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ADDITIONAL SHIRTS \_\_\_\_\_ @ \$12.00 = \$ \_\_\_\_\_ HAT \_\_\_\_\_ @ \$9.50 = \$ \_\_\_\_\_

TOTAL FEES DUE \$ \_\_\_\_\_