

TOUR APPLICATION — 2025 WATER ADVENTURE, SWEETWATER RECORDING, AND CAMP CONCERTS

JUNE 22 – 28, 2025

Please complete entire application and submit to Patty Smith no later than **March 15, 2025**

ALL FEES MUST BE PAID BY JUNE 1, 2025 — 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 JUNE 1, 2025** (date all fees are due).

Please register me for the 2025 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 2025 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 \$1,200.00* [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 & \$200 DEPOSIT	\$250 BY 3/1/25	\$250 BY 4/1/26	\$250 BY 5/1/25	\$250 BY 6/1/25	MEDICAL IN
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ADDITIONAL SHIRTS _____ @ \$12.00 = \$ _____ HAT _____ @ \$9.50 = \$ _____