

**TOUR APPLICATION — 2026
America's 250th Anniversary Tour
JUNE 21 – JUNE 27, 2026**

Please complete entire application and submit to Bill Schofield no later than **March 1, 2026**
ALL FEES MUST BE PAID BY MAY 1, 2026 — 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 \$2,500

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)**
 Check this box if you would like a Tall size

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, 2026** (date all fees are due).

Please register me for the 2026 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 Scouting America, 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 **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 2026 Crossroads of America Scout Band Tour. I (we) hereby waive any claim against the Local or National Council, 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 & \$300 DEPOSIT	\$325 BY 11/1/22	\$325 BY 12/1/22	\$325 BY 1/1/23	\$325 BY 2/1/23	\$300 BY 3/1/23	\$300 BY 4/1/23	\$300 BY 5/1/23	MEDICAL IN

TOUR FEE \$2,250.00* [Includes ALL meals, lodging, main attractions, 4 shirts and 1 hat]
ADDITIONAL SHIRTS _____ @ \$2.00 = \$ _____ HAT _____ @ \$9.50 = \$ _____ **TOTAL FEES DUE \$ _____**
*Could be less if the band receives corporate sponsorships or grants to defray the cost of the tour.