

**KOTA HIGH ADVENTURE**  
**Winter Camp**  
*(2<sup>nd</sup> year winter campers only)*

*Registrations begin November 1<sup>st</sup>, 2010 and closes December 31<sup>st</sup>, 2010*

Troop/Post/Crew Number \_\_\_\_\_ District \_\_\_\_\_ City \_\_\_\_\_

Choose Session #1, #2 or #3. Weekends will be filled on a **first come, first paid basis.**

Session #1 \_\_\_\_\_ January 21 - 23, / Session #2 \_\_\_\_\_ January 28 - 30, / Session #3 \_\_\_\_\_ February 11 - 13,

**(Limited to 24 participants per weekend)**

**Pre-registration is a must.** This is necessary to adequately order for program supplies, food, and the patches needed.  
*Weekends with less than 10 registrants may be cancelled 7 days in advance.*

Participation fee is non-refundable and only transferable to another Scout.

**Unit leader is responsible** for bringing the individual health forms for the unit. Sections A & C required

**ALPHA LUPUS PROGRAM;**

Scouts' Names

- |           |           |           |
|-----------|-----------|-----------|
| 1. _____  | 5. _____  | 9. _____  |
| 2. _____  | 6. _____  | 10. _____ |
| 3. _____  | 7. _____  | 11. _____ |
| 4. _____  | 8. _____  | 12. _____ |
| 13. _____ | 14. _____ | 15. _____ |

Leaders Attending;

Address, City, Zip

Cell Phone Number

- |          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

Total number (Scouts & Leaders) _____ x <b>\$35.00</b> = \$ _____
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**Fees must be received by 4:00 p.m. December 31<sup>st</sup>, 2010**

Return to:  
**KOTA HIGH ADVENTURE**  
 Central Minnesota Council, BSA  
 1191 Scout Drive  
 Sartell, MN 56377