

High Adventure Committee  
 Northeast Georgia Council, BSA

# CAVING REGISTRATION REQUEST

Before applying for a Caving Reservation please contact  
 Lewis Baker (Caving Director) at [caving@nega-bsa.org](mailto:caving@nega-bsa.org) or (770) 841-9697

<b>Contact Name:</b>			
Address:			
City:	St:	Zip:	
Phone (Day)			(evening)
E-mail:			
<b>Type of Unit:</b>	<input type="checkbox"/> Troop	<input type="checkbox"/> Venturing Crew	<input type="checkbox"/> Other
<b>Unit Number:</b>			
Prior Experience:			
(Unit's prior experience in Caving? If so, how much? Some/all participants?)			

Program

We are beginners with little or no experience, we want an easy cave

We have some experience; a more challenging cave is what we want.

We've done horizontal caving before, we want something more challenging.

We're looking for wet and wild!!

We're looking for an awesome cave, we've been spelunking many times.

Dates

<input type="checkbox"/> September 19, 2009	<input type="checkbox"/> November 21, 2009
<input type="checkbox"/> February 20, 2010	<input type="checkbox"/> February 19, 2011
<input type="checkbox"/> March 20, 2010	<input type="checkbox"/> March 19, 2011
<input type="checkbox"/> May 15, 2010	<input type="checkbox"/> May 21, 2010
<input type="checkbox"/> June 19, 2010	<input type="checkbox"/> June 18, 2011
<input type="checkbox"/> August 21, 2010	<input type="checkbox"/> August 20, 2011
<input type="checkbox"/> September 18, 2010	<input type="checkbox"/> September 17, 2011
<input type="checkbox"/> November 20, 2010	<input type="checkbox"/> November 19, 2011

Request specific date: \_\_\_\_\_

(Request must be submitted at least four weeks prior to the requested date and will be honored only if sufficient staffing can be arranged)  
 For questions on program please contact the Caving Chairman at [caving@nega-bsa.org](mailto:caving@nega-bsa.org)

The cost for Spelunking (Caving) is \$35.00 per person

Number of participants:  x \$35.00 = Total Cost \$

**Participants must be 13 years old prior to January 1<sup>st</sup> of the current year.**

**All reservations must be paid in full at time of request.**  
**VISA - MASTER Card - DISCOVER**

Credit card # \_\_\_\_\_ exp. Date \_\_\_\_\_

NAME on Card \_\_\_\_\_ Phone # \_\_\_\_\_

(please Print)

Medical Screening/Liability Release (adult or youth) and Annual Health and Medical Form (Parts A & C or A, B & C)

BRING THEM WITH YOU TO YOUR SESSION

Please call the Camping Office for current availability  
 Call 1.800.699.8806 -or- E-mail [chuska@bsamail.org](mailto:chuska@bsamail.org)  
 Return completed forms by fax or mail to:  
 Northeast Georgia Council, BSA  
 ATTN: High Adventure Weekend  
 P.O. Box 399  
 Jefferson, GA 30549  
 -or-  
 FAX: (706) 693-4849 Attn: High Adventure Weekend