

O MEET INDIVIDUAL APPLICANT FORM

Date Submitted: _____

Applicant Name _____ Unit Type: _____ Unit # _____

Applicant Address: _____

Phone number where you (or a parent) can be reached if needed: _____

Scoutmaster/Unit Leader Name _____ Phone #: _____

Circle age of camper 11 – 17 18-21 22 – and up Rank/Position _____

Is camper registered with BSA? Circle Yes No Girl Scouts Yes No

List Training received in the last five years (Scouters/Leaders only):

Planned High Adventure Activity:

Dates of Activity: Date leaving: _____ Date Returning: _____

Total Fees required for participation in event:

Financial Needs: _____

How will this funding be used? _____

Have you ever participated in the Scout Orienteering Challenge at Bastrop State Park? Circle. Yes No

(Not a requirement) What year(s) _____

How do you plan to utilize a map and compass on this high adventure activity? _____

Anything you would like to add:

