



2019 NCAC APPLICATION Northern Tier - Bissett Provisional Contingent Trip

For Additional Information, Call:
Craig Reichow
H: (703) 478-0660
sctmstr@verizon.net

Advisors interested in positions on NCAC Provisional Contingents MUST be confirmed by National Capital Area Council!
This form may be used by Youth and Adults

Form revised: 01/31/2018

Please indicate your preference of dates by ranking 1st, 2nd and 3rd. If a date will not work please indicate with NA.

	<u>BASE</u>	<u>Expedition #</u>	<u>Depart Washington & Base Arrival</u>	<u>Return to Washington</u>
_____	<i>Bissett</i>	TBD	Week of 07/07/19	11 nights later
_____	<i>Bissett</i>	TBD	Week of 07/14/19	11 nights later
_____	<i>Bissett</i>	TBD	Week of 07/21/19	11 nights later



Estimated cost of **\$2450** per person. A deposit of **\$700** must be received at the Council office in Bethesda in order to hold each reservation.

Two crews each with space for six (6) youth, plus two (2) adult Advisors.

2019 Provisional Application Form: Northern Tier Bissett

Name: _____ Unit/Crew # : _____ District: _____

****VERY IMPORTANT**** The airlines **require** that we submit your *actual name* (as it appears on your Driver's License, Passport, Military ID) for all ticket purchases. Please give us your *complete name* (for example, "William J. Smith, Jr.") as it appears on your identification documents.

Street Address: _____ Rank: _____ Birth Date*: _____
**Scouts must be 14 by June 21 of 2019*

City/ST/ZIP: _____ Shirt Size: _____

Email Address: _____ M ___ F ___

Phone Numbers: (please provide as many as possible) _____ Please describe previous High Adventure-type activity (if any) _____

Home: _____

Cell: _____

(Parent) Work: _____

By signing below, the participant agrees they have read, understand, and agree to abide by the conditions set forth on page 2 of this application (attached), including: ALL travel arrangements will be made by NCAC; the payment schedule for the trip must be followed using the provided payment coupons (to be provided by Council); the Code of Conduct (provided by Council) will be signed & returned in a timely manner and adhered to; the schedule of training sessions will be attended.

ALL SPACES WILL BE FILLED ON A "FIRST COME, FIRST SERVED" BASIS.

Mail or Deliver form to:

**NCAC-BSA
High Adventure
9190 Rockville Pike
Bethesda, MD 20814-3897**

Signature of Participant

Signature of Parent or Legal Guardian (if participant is a youth member)

REQUIRED RESERVATION DEPOSIT - \$700 Or fax to (301) 564-9513 [faxing requires credit card deposit]

Check One: Visa ___ MasterCard ___ Discover ___ Amer Ex ___ Check ___

Detach and destroy after processing payment

COST CENTER 059

Credit Card Number: _____ Cardholder Name: _____

Exp Date: _____ Security Code (3/4 digit): _____ Signature for Credit Card _____

Cardholder Address

(If different from above) _____ City/St/Zip _____



2019 NCAC APPLICATION Northern Tier – Bissett Provisional Contingent Trip

For Additional Information, Call:
Craig Reichow
H: (703) 478-0660
sctmstr@verizon.net

Advisors interested in positions on NCAC Provisional Contingents MUST be confirmed by National Capital Area Council!
This form may be used by Youth and Adults

Form revised: 01/31/2018

Final trip prices will be set no later than April 15, 2019, when lodging/transportation/other costs have been determined. ALL CANCELLATIONS OF RESERVATIONS MUST BE IN WRITING. Refunds made in accordance with forfeiture schedule, including required deductions for administrative/non-refundable costs.

The National Capital Area Council High Adventure Committee each year offers the opportunity for individual Scouts and Venturers to form a Provisional crew for a trip to National High Adventure bases.

For the summer of 2019, the trip will gather at a Washington, D.C., area airport and travel together as a contingent group at all times. Travel arrangements may involve airline flight, chartered coach, or passenger van. **THERE WILL BE NO POSSIBILITY** for individuals to travel independently. ALL arrangements will be made by NCAC.

All requests for spaces on these trips must be submitted by the parent or guardian of a Scout or Venturer, and requests for more than one participant from the same family must be submitted separately. Applications for entire Unit, Patrol, or Crew groups **will not be accepted** using this application. Spaces will be filled on a “first come/first served” basis.

Two crews each having space for six (6) youth, plus two (2) adult Advisors. Estimated cost of **\$2450** per person.

A deposit of **\$700** must be received at the Council office in Bethesda in order to hold each reservation.

Additional paperwork will be forthcoming from Council upon acceptance of the application. This will include, but not be limited to, a Code of Conduct agreement which will need to be read & signed by both the participant & Parent/Guardian (in the case of a Scout) before being returned to Council; payment coupons for the balance of the fee; and a calendar of events including all training sessions and opportunities put on by the High Adventure Committee.

Schedules of:	
Payments	Date
Deposit \$700	Upon Reservation
Pay #1 \$700	October 1, 2018
Pay #2 \$700	February 1, 2019
Pay #3 \$350/TBD	April 30, 2019
As inaugural treks into Canada, the overall cost is expected to be \$2450 or less per person. NCAC will refund ALL monies if we do not get enough reservations to warrant these treks.	

In the event a participant is unable to attend a trip and a replacement cannot be identified, NCAC will issue a refund, less any direct costs already paid to other parties by NCAC and an administrative fee equal to 15% of the total fees due as of the time of receipt of this request, based on the payment schedule. Direct costs include, but are not limited to, Base participation fee, airfare, and ground transportation and touring costs. See Request for Transfer or Refund form for more detail.

Training meetings will be scheduled in March and April of 2019 (attend ONE). Exact dates and locations TBD.

Advisors must pass an NCAC hike to ensure they can keep up with the youth. These hikes have traditionally been held just before and after the March training, but the 2019 hike schedule may be modified.

The final dates of all sessions will be announced by Council.



Northern Tier 2019 Deposit \$700 (payment #1) Due with App Crew # NT _____ - ____ Example: NT-714-1
Cost Center 059 Participant's Name: _____
Send to: Address: _____
BSA-NCAC
Attn: Philmont Payments City: State: ZIP: _____ Unit # _____
9190 Rockville Pike Payment Method: Visa Master Card Amer Ex Discover Check
Bethesda, MD 20814
Or email to ncachighadventure@scouting.org Detach and destroy after processing payment

Card #: _____ Exp. Date: ____ / ____ Security Code (3/4 dig) _____
Cardholder Name: _____ Signature: _____
Address (if different) _____ City/St/Zip _____

Northern Tier 2019 Payment #2 \$700 Due October 1, 2018 Crew # NT _____ - ____ Example: P-714-1
Cost Center 059 Participant's Name: _____
Send to: Address: _____
BSA-NCAC
Attn: Philmont Payments City: State: ZIP: _____ Unit # _____
9190 Rockville Pike Payment Method: Visa Master Card Amer Ex Discover Check
Bethesda, MD 20814
Or email to ncachighadventure@scouting.org Detach and destroy after processing payment

Card #: _____ Exp. Date: ____ / ____ Security Code (3/4 dig) _____
Cardholder Name: _____ Signature: _____
Address (if different) _____ City/St/Zip _____

Northern Tier 2019 Payment #3 \$700 Due February 1, 2019 Crew # NT _____ - ____ Example: P-714-1
Cost Center 059 Participant's Name: _____
Send to: Address: _____
BSA-NCAC
Attn: Philmont Payments City: State: ZIP: _____ Unit # _____
9190 Rockville Pike Payment Method: Visa Master Card Amer Ex Discover Check
Bethesda, MD 20814
Or email to ncachighadventure@scouting.org Detach and destroy after processing payment

Card #: _____ Exp. Date: ____ / ____ Security Code (3/4 dig) _____
Cardholder Name: _____ Signature: _____
Address (if different) _____ City/St/Zip _____

Northern Tier 2019 Payment #4 \$350 (est) Due April 30, 2019 Crew # NT _____ - ____ Example: P-714-1
Cost Center 059 Participant's Name: _____
Send to: Address: _____
BSA-NCAC
Attn: Philmont Payments City: State: ZIP: _____ Unit # _____
9190 Rockville Pike Payment Method: Visa Master Card Amer Ex Discover Check
Bethesda, MD 20814
Or email to ncachighadventure@scouting.org Detach and destroy after processing payment

Card #: _____ Exp. Date: ____ / ____ Security Code (3/4 dig) _____
Cardholder Name: _____ Signature: _____
Address (if different) _____ City/St/Zip _____