



2019 NCAC APPLICATION SEA BASE Provisional Contingent Trip

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: 1/30/18

For Additional Information, Call:
Dana Abrahamsen
H: (703)280-9782
dabrahamsen@fcc.gov

<u>BASE</u>	<u>Expedition #</u>	<u>Depart Washington & Base Arrival</u>	<u>Return to Washington</u>
Sea Base	S-720-1 Bahamas Tall Ship	July 20, 2019	July 26, 2019
Sea Base	S-720-2 Bahamas Adventure	July 20, 2019	July 26, 2019
Sea Base	S-720-3&4 Coral Reef Sailing	July 20, 2019	July 26, 2019



Estimated cost of **\$1950** per person. A deposit of **\$700** must be received at the Council office in Bethesda in order to hold each reservation.

NOTE: Bahamas Tall Ship crews of 18-20, Bahamas Adventure crews of 10-12 & Coral Reef Sailing crews of 6-8 each boat

2019 Provisional Youth Application Form: *Sea Base*

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.

Name: _____ Unit/Crew #: _____ District: _____
(as it appears on photo ID, for airline ticket)

Street Address: _____ Rank: _____ Date of Birth*: _____

City/ST/ZIP: _____ Shirt Size: _____ **Scouts must be 13 yrs old prior to arrival date*

Email Address: _____ M ___ F ___

Phone Numbers: (please provide as many as possible) Home: _____

Cell: _____ (Parent) Work: _____

Please describe previous High Adventure-type activity (if any): _____

Expedition Number (see above) First Choice: _____ Second Choice: _____ Third Choice: _____

By signing below, the participant agrees that s/he has read and understands & agrees 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; and the 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 Cost Center :056
9190 Rockville Pike
Bethesda, MD 20814-3897

Signature of Participant

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

Forms may be emailed to ncachighadventure@scouting.org

REQUIRED RESERVATION DEPOSIT - \$700 Or email to ncachighadventure@scouting.org [emailing requires credit card]

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

Detach and destroy after processing payment

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 _____



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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 in Washington, D.C. area, and travel as a contingent group together 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.

<u>BASE</u>	<u>Expedition #</u>	<u>Depart Washington & Base Arrival</u>	<u>Return to Washington</u>
Sea Base	S-720-1 Bahamas Tall Ship	July 20, 2019	July 26, 2019
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NOTE: Bahamas Tall Ship crews of 18-20, Bahamas Adventure crews of 10-12 & Coral Reef Sailing crews of 6-8 each boat

Estimated cost of **\$1950** 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:

	<u>Date</u>
Deposit \$700	with this application
Pay #2 \$700	February 1, 2019
Pay #3 \$550	May 1, 2019



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, Sea Base participation fee, airfare, and ground transportation and touring costs. See Request for Transfer or Refund form for more detail.

There will be one or more training/planning sessions for the scouts, parents and Adult advisors. These sessions will be held in early 2019 at a mutually determined time. The final dates of all sessions will be announced by Council.

Sea Base 2019

Deposit \$700 (payment #1)

Cost Center 056

Participant's Name: _____

Send to:

Address: _____

BSA-NCAC

Attn: Sea Base Payments

City: State: ZIP: _____ Unit # _____

9190 Rockville Pike

Bethesda, MD 20814

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

Or email to ncachighadventure@scouting.org

Detach and destroy after processing payment

Card #: _____ Cardholder Name: _____

Exp. Date: ____/____ Security Code (3/4 dig) _____ Signature: _____

Cardholder Address

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

Sea Base 2019

Payment #2 \$700 Due February 1, 2019

Cost Center 056

Participant's Name: _____

Send to:

Address: _____

BSA-NCAC

Attn: Sea Base Payments

City: State: ZIP: _____ Unit # _____

9190 Rockville Pike

Bethesda, MD 20814

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

Or email to ncachighadventure@scouting.org

Detach and destroy after processing payment

Card #: _____ Cardholder Name: _____

Exp. Date: ____/____ Security Code (3/4 dig) _____ Signature: _____

Cardholder Address

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

Sea Base 2019

Payment #3 \$550 (est) Due May 1, 2019

Cost Center 056

Participant's Name: _____

Send to:

Address: _____

BSA-NCAC

Attn: Sea Base Payments

City: State: ZIP: _____ Unit # _____

9190 Rockville Pike

Bethesda, MD 20814

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

Or email to ncachighadventure@scouting.org

Detach and destroy after processing payment

Card #: _____ Cardholder Name: _____

Exp. Date: ____/____ Security Code (3/4 dig) _____ Signature: _____

Cardholder Address

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