SENECA WATERWAYS COUNCIL YOUTH

PHILMONT CONTINGENT APPLICATION JULY/AUGUST 2014*

Today's Date	JULY/AUGUST 2014 Birth Date					
Name						
Address						
City	_ State		Zip			
Phone (H)	_ (E-Mail)					
Current Scouting Position	Ra		Unit			
Years Registered	Shirt Size	S	М	L	XL	XXL
Describe Your Scouting Experience						
Describe Your Backpacking Experience _						
Indicate Your Scout Training Background.	. (Put Expirat	tion Da	te if Cor	npleted	d)	
NYLT	First Aid					
CPR	Other					
Youth Signature						

Please complete this application and return with a \$200** non-refundable deposit payable to: Seneca Waterways Council, 474 East Avenue, Rochester NY 14607-1992

Parent/Guardian Signature _____

Please direct all questions to Michael Catalano, Seneca Waterways Council High Adventure Staff Advisor, micatala @bsamail.org or 585-241-8539.

Cost Center: 1-6801-910-20

^{*}Exact dates of travel are yet to be determined. Trip is scheduled for July 24-August 7, 2014.

^{**}Final cost will be determined as soon as reasonable transportation estimates can be made.