

PAMLICO SEA BASE WEEKEND REGISTRATION

Council or Organization Name: _____ Unit # _____

Adult Leader _____ Number of Youth _____ Adults _____

Address _____ City _____ State _____ Zip _____

Phone # _____ E-Mail _____

Total Adult Males _____ Total Youth Males _____ Total Adult Females _____ Total Youth Females _____

Date You Plan to Arrive: _____ Time: _____ AM _____ PM _____

Date You Plan to Depart: _____ Time: _____ AM _____ PM _____

PROGRAMS

Sea Kayaking Mini Trek	youth _____	adult _____	total _____ x \$50 = TOTAL DUE:	\$ _____
Kayaking BSA	youth _____	adult _____	total _____ x \$40 = TOTAL DUE:	\$ _____
Sailing Weekend	youth _____	adult _____	total _____ x \$45 = TOTAL DUE:	\$ _____
Pamlico Overnighter	youth _____	adult _____	total _____ x \$45 = TOTAL DUE:	\$ _____
Cycling Weekend	youth _____	adult _____	total _____ x \$45 = TOTAL DUE:	\$ _____
Canoeing Merit Badge	youth _____	adult _____	total _____ x \$40 = TOTAL DUE:	\$ _____
Waterfront Combination	youth _____	adult _____	total _____ x \$45 = TOTAL DUE:	\$ _____
Meals & Lodging (for adults who may not be participating)			total _____ x \$15 = TOTAL DUE:	\$ _____
Additional staff fee: \$100 (if you are participating in more than one program)				\$ _____

If you are participating in one of the above programs then you do not need to request any rentals **except** for the SB Family Cabins.

RENTALS

Sea Kayaks	\$25 per boat (Use Kayak rental form)	Total _____ x \$25	\$ _____
Bikes	\$25 per bike (Use Bike rental form)	Total _____ x \$25	\$ _____
Sunfish	\$30 per boat (Use Sunfish rental form)	Total _____ x \$30	\$ _____
Canoes	\$10 per boat	Total _____ x \$10	\$ _____
SB Family Cabins	\$175 / \$185 out of council / \$200 non-Scout group		\$ _____
SB Kennedy Center	\$150 / \$175 out of council / \$200 non-Scout group		\$ _____
SB Shower House	\$75 / \$100 out of council / \$125 non-Scout group		\$ _____
SB Grounds Fee	\$2 per person (tent camping)	Total _____ x \$2	\$ _____
		Deposit	\$ - 50.00
		Total Due	\$ _____

For the Sea Kayaking/Bike Trek please list the top 3 trips you would like.

1) _____ 2) _____ 3) _____

Please list any additional activities that you wish to participate in or special needs:

Fax or Mail to:
The East Carolina Council
PO Box 1698
Kinston, NC 28503

Fax: 252-522-9707
Phone: 252-522-1521
www.pamlicoseabase.org
www.eccbsa.org

Account #059