

Bashore Scout Reservation
Project COPE Application

Unit Information

Unit #: _____ District/Council: _____

Unit Contact: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Unit Leader: _____

Phone: _____ Email: _____

Program Information (minimum of 10 participants needed)

Youth Participants: _____ Adult Participants: _____

Primary Dates Desired: _____ Backup Dates Desired: _____

Time Span Desired: _____

Program Desired:

Low Elements _____

High Elements _____

Project COPE Fees are based on the number of participants, program requested, and length of time requested. Please complete the fields above and a council representative will contact you with a confirmed date and price quote for your group.

A non-refundable deposit is required to commit a date for each program.

Office Use Only

Date Received: _____ Date Approved: _____

Approved Program Date: _____ Camp Notified: _____

Date Agreement Sent: _____ Agreement Received: _____

Deposit Received: _____