

C.O.P.E. APPLICATION

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TROOP: _____ DISTRICT: _____ COUNCIL: _____ CAMPSITE: _____

AGE: _____ BIRTHDATE: _____ (MUST BE 13 BY CAMP)

WEEK ATTENDING: _____ DATES ATTENDING: _____

SCOUT RANK: _____ (MUST BE AT LEAST FIRST CLASS)

TROOP POSITION: _____

HOBBIES/INTEREST/ACTIVITIES: _____

ANY HEALTH PROBLEMS THAT MAY INHIBIT YOUR PARTICIPATION IN

C.O.P.E.(ie Heart, Back, Blood Pressure, Allergies(Bee Stings), etc.) _____

C.O.P.E. is a Challenging Outdoor Personal Experience that demands a lot of time and a physical commitment. Due to a certain level of maturity necessary to complete this course, **OLDER SCOUTS WILL BE GIVEN PREFERENCE.**

Signature of Participant: _____

Signature of Parent or Guardian: _____

Signature of Scoutmaster: _____

PLEASE NOTE: APPLICATIONS MUST BE RECEIVED NO LATER THAN ONE WEEK PRIOR TO YOUR ARRIVAL AT CAMP. Email to programdirector@resicafalls.org. or fax to 570-223-7263 or Mail to:

C.O.P.E. Director
Resica Falls Scout Reservation
1200 Resica Falls Road
East Stroudsburg, PA 18302