

THE ROCK

Climbing Reservation Unit Signup Form

1001 Davis Street, San Leandro CA 94577-1514

(510) 577-9000 F: (510) 577-9002

Scout Units: Unit Type _____ Number _____

District (Council if not SFBAC) _____

Group Name if not Scout Unit _____

On Site Unit / Group Adult Name _____ Home (____) _____

Address _____ St _____ Zip _____ Other (____) _____

Reply Information: Fax Number (____) _____ E-mail _____

Date Choices: 1st Choice _____ 2nd Choice _____

Time Choices: Weekday Evenings: Begin 6:30 p.m. Begin 7 p.m. The climb is about 2-1/2 hours.
Saturdays: 9:00 a.m. Noon 3:00 p.m.

Cost: MAXIMUM GROUP CAPACITY 12.

SFBAC: \$125 per group of 10 climbers. \$10 for each additional climber in group to maximum.

Out of Council: \$140 per group of 10 climbers. \$15 for each additional climber in group to maximum.

Number of attendees in each age group:

6 _____	9 _____	12 _____	15 _____	18-21 _____
7 _____	10 _____	13 _____	16 _____	21 & over _____
8 _____	11 _____	14 _____	17 _____	

Guidelines for Use of Climbing Rock at Youth Leadership Training Center:

1. All groups follow the BSA leadership policy of two adults in attendance, one at least 21 years of age, 1 at least 18 years of age.
2. Groups are requested to arrive 15 minutes prior to scheduled time.
3. All groups must adhere to the Scout Oath and Law at all times. Unruly groups members will be asked to depart premises.
4. **RESERVATIONS SHOULD BE MADE AT LEAST ONE MONTH PRIOR TO REQUESTED CLIMB DATE.** Please do not assume your climb is approved. If you do not receive a confirmation in the mail contact the Program Services Dept. for confirmation. Reservations will not be confirmed until fees are paid.
5. Climbing Guidelines: (will be sent with confirmation).
6. Parent Permission Slips must be brought by adult in charge at the time of the climb. Those without permission slips will not be permitted to climb at that time. Even if parent is on site at time of climb a permission slips must be completed! (Permission slips will be sent with confirmation).
7. Council Refund Policy Applies; in addition, those groups rescheduling their climb with less than 7 days notice will be assessed a 20% rescheduling charge.

PAYMENT INFORMATION:

Check enclosed made payable to Boy Scouts of America

-or-

Charge my account: Exp Date _____ VISA MasterCard Acct # _____

Printed Name 1 _____ Signature _____

CLIMB APPROVAL: Climb time approval requested above will be circled and initialed by Council staff member.

Climb Approved by: _____ Date _____