MIDNIGHT S Northern Light	SOFAMERICA SUN COUNCIL S High Adventure rvation Form
Council: Contact Name:	Cell Phone: Home Phone: Work Phone: # of Scouts/Venturers/Explorers: # of Adults:

Dates Requested:

Year Requested:_

ALL FEES (Deposit, Payments, and Balance of Payment)

Preferred Trek:	
Trip Enhancements:	
1	
2	
3	

Mail this form and deposit or payment to:

Phone: 907-452-1976

Midnight Sun Council High Adventure 1400 Gillam Way Fairbanks, AK 99701

Fax: 907-452-1977

ARE NON-REFUNDABLE AND NON-TRANSFERABLE IN EVENT OF CANCELLATION. EXERCISE CAUTION IN MAKING RESERVATIONS OR PAYING FEES FOR ANYONE WHO HAS NOT MADE A FINANCIAL COMMITMENT. Northern Lights High Adventure Programs must commit

financial resources to employ staff, purchase food and supplies, and prepare for base operations. Participants are, therefore, also required to make a financial commitment to attend. Be conservative in making reservations to avoid losing fees due to cancellations.

The first installment is a \$330.00 DEPOSIT PER UNIT due **at time of** reservation. (Note: if making reservation after January 1, we require a \$1,000 deposit per unit).

 Signature of Person
 Date:

 Completing Form:
 Date:

 OFFICE USE ONLY: Deposit Paid:
 Date Paid:
 Recei#: