

# 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.** 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