

District Event COPE and Climbing Request Form

Date of Event: _____

District Name: _____ Person Making Request: _____

Phone Number: _____ Email Address: _____

1. Program Participants(Circle all that apply): *Cub Scouts* *Boy Scouts* *Venturers* *Adults*

2. Requested Program(s): *Indoor Climbing* *Low COPE Challenge* *High COPE Challenge*

3. Will program areas be "open" or scheduled for participants: *Open* *Scheduled*

4. If program areas are scheduled, what is the maximum group size per session?: _____

5. If program areas are scheduled, how long will each session last?: _____

6. Briefly describe your event timeline and program:

Approved By: _____

Date: _____