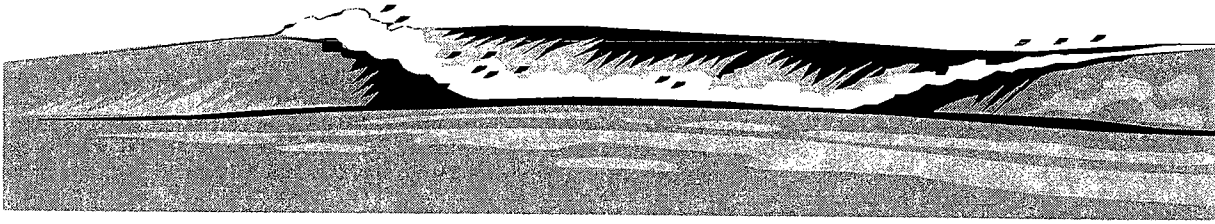


Island Adventure and Ocean Quest Information



Island Adventure

Island Adventure is a program that 'piggybacks' all nine weeks of resident camp. It is limited to twenty people and consists of hiking the island's interior, camping on isolated beaches, exploring the island by kayak and snorkeling the crystal clear coves. You will arrive at the camp on Sunday, with the other campers, and will depart Monday morning, bright and early, to start your adventure. Friday evening will find you back in camp for the final campfire, departing for the mainland on Saturday. (Please note – Monday transportation is not available for this program.)

DATES:

WEEK 1 June 12-18, 2005

WEEK 2 June 19-25, 2005

WEEK 3 June 26-July 2, 2005

WEEK 4 July 3-9, 2005

WEEK 5 July 10-16, 2005

WEEK 6 July 17-23, 2005

WEEK 7 July 24-30, 2005

WEEK 8 July 31-August 6, 2005

WEEK 9 August 7-13, 2005

Ocean Quest

Ocean Quest is offered only one week and is limited to one hundred people. The date for 2005 is August 14-20. This week is filled with a plethora of water activities – water skiing, wind surfing, sail boarding, ocean kayaking, scuba diving – the list goes on. Ski in the morning, when the water is smooth as glass and wind surf or sail in the afternoons, when the prevailing winds come up. If you have hoped to become certified as a scuba diver – this too is available (at an additional cost.)



Camp Cherry Valley
Catalina Island

ISLAND ADVENTURE

2005 Island Adventure Registration Form

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Alternate/Fax () _____

Troop # _____ Council _____

The program is limited to 20 people per week.
Minimum age is 14 years old.

\$90.00 per person due upon receipt of this reservation form at the Council office. This money will be applied to the final total, except in the case of cancellation, at which point, it will be **non-refundable**. (Payments may be made in increments of \$100.00. Full payment must be made four weeks prior to camp.)

Cost per Person: \$390.00 x No. of People _____ = \$ _____

If paid in full by May 6, 2005 - cost is \$10 less per person

Which session would you like to attend? 1st choice _____ 2nd choice _____

2005 Session Dates

- | | |
|--------------------|--------------------|
| 1. June 12-18 | 6. July 17-23 |
| 2. June 19-25 | 7. July 24-30 |
| 3. June 26- July 2 | 8. July 31- Aug. 6 |
| 4. July 3-9 | 9. Aug. 7-13 |
| 5. July 10-16 | |

Monday travel not available for this event.

Please circle method of payment:

Cash Check VISA Mastercard Discover American Express

Card Number: _____ Exp _____

Signature as it appears on credit card _____

CANCELLATION POLICY: UP UNTIL TWO WEEK PRIOR TO CAMP, CANCELLATION FEE OF 25% OF TOTAL COST, AFTER THAT, NO REFUNDS CAN BE GIVEN.

Please send payment to:
Make Checks payable to SGVC-BSA
San Gabriel Valley Council
3450 E. Sierra Madre Blvd.
Pasadena, CA 91107
Phone: (626) 351-8815 x237
Fax: (626) 351-9149

event code 1-6701-711-21
CCV SUMMER

Ocean Quest

Camp Cherry Valley
Catalina Island

2005 Ocean Quest Week at Camp Cherry Valley

August 14-20, 2005

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Alternate/Fax () _____

Troop # _____ Council _____

The program is limited to 100 people. Minimum age is 14 years old. Please provide a roster. All participants must be registered with the Boy Scouts of America. Adults are half price.

\$90.00 due upon receipt of this reservation form at the Council office. This money will be applied to the final total, except in the case of cancellation, at which point, it will be non-refundable. **Full Payment at time of registration is appreciated, but payments may be made in increments of \$100.00. Full payment must be made four weeks prior to camp.**

Cost per Scout: \$390.00 x No. of Scouts _____ = \$ _____

Cost per Adult: \$185.00 x No. of Adults _____ = \$ _____

If paid in full by May 6, 2005 - cost is \$10 less per person

Please circle method of payment:

Cash Check# American Express Discover Visa MasterCard

Card# _____ Exp _____

Signature as it appears on credit card _____

CANCELLATION POLICY: UP UNTIL TWO WEEK PRIOR TO CAMP, CANCELLATION FEE OF 25% OF TOTAL COST, AFTER THAT, NO REFUNDS CAN BE GIVEN.

Name (please print) _____

Signature: _____ Date _____

San Gabriel Valley Council, 3450 E. Sierra Madre Blvd., Pasadena, CA 91107
(626) 351-8815 x237, fax (626) 351-9149 event code 1-6701-701-21

CCV YEAR ROUND