

Far East Council

UNIT AGREEMENT FORM AND INTENT TO CAMP THAILAND 2019

Troop # _____

Estimated # Youth: _____ Adults: _____

Point of Contact: (Please Print): _____

All Information and documents referred to below are located on the Far East Council Website at www.fareastcouncil.org, 2019 Summer Camps.

The unit Committee Chair, Scoutmaster are required to read and acknowledge this agreement as part of attending Camp Thailand. Please read and initial each item.

_____ We have reviewed the 2019 Leader Guidebook and understand all policies

_____ We understand it is our responsibility to ensure all our adults attending camp for any period of time are also briefed on camp procedures and this agreement.

_____ We have reviewed and understand the due dates for registration and fees.

_____ We understand that all adults attending camp are required to be registered adults with the BSA.

_____ We understand that all youth and adults attending camp with our unit are required to have a BSA Medical History Form, Parts A, B and C; Part C requires a Health Practitioner signature.

_____ We understand the deadlines for submitted information for gate entry on all individuals that do not possess an ID card to gain entry to White Beach Naval Facility.

_____ We understand this is an all-volunteer camp and for our youth to attend we must provide a "fair share" of the adult support of at least two adults, or a ratio of 1 adult per every four-youth attending for over 8 youth.

_____ We understand our adults are expected to support the camp through teaching a merit badge, assisting with other program functions of the camp like First Class Trail, or other activities. These can be the adults staying on site or coming out to camp specifically to teach during a specific period.

Printed Name and Signature of Unit Committee Chair: _____ Date: _____

Printed Name and Signature of Scoutmaster: _____ Date: _____

CAMP THAILAND 2019 – HOW TO MAKE PAYMENT TO THE FAR EAST COUNCIL

PAYMENTS CAN BE MADE IN PERSON OR VIA TELEPHONE AT ONE OF THE COUNCIL STORES, BY U.S. CHECK OR INTERNATIONAL MONEY ORDER IN U.S. DOLLARS, VIA CREDIT CARD OR BY WIRE TRANSFER.

PAYMENT BY CHECK:

Make payable to the Far East Council, BSA and mail to

FAR EAST COUNCIL

UNIT 35049
FPO AP 96379

Please indicate in the remarks block what the check is for.

PAYMENT BY WIRE TRANSFER:

International Wire Transfer Information Far East Council, BSA

Bank of America Military Bank Overseas

300 Convent Street, Suite 400
San Antonio, TX 78205-3701

Beneficiary name:

Far East Council Boy Scout of America

Address:

Unit 35049 Camp Foster
FPO AP 96373

D.O.D. Overseas Military Banking Program

SWIFT number: BOFAUS3N

ABA Number: 114017714

Account number: 0283053089

As soon as the Wire Transfer is done please or deposit is made please email Shannyn, the Council Accounting Specialist Shannyn.sandoval@scouting.org.

Include the following items in your email:

Unit name/number

Amount of the deposit or wire

Include that the payment is for Camp Thailand.

PAYMENT BY CREDIT CARD:

Email the below form to okinawastore@fareastcouncil.org

CREDIT CARD AUTHORIZATION FORM FOR CAMP THAILAND 2019

There is a 3% service charge

I _____ authorize **Far East Council, BSA** to charge my credit card account the amount of \$ _____ on or after _____ (Date).

The payment is for:

_____ (#) Youth Participants @ \$600 totaling: \$ _____

_____ (#) Adult Participants @ \$600 totaling: \$ _____

_____ Merit Badge Fees (please list full name, MB and cost on each line (Prices are on the MB List)

_____, MB Cost: \$ _____

_____, MB Cost: \$ _____

_____, MB Cost: \$ _____

_____, MB Cost: \$ _____

_____, MB Cost: \$ _____

_____, MB Cost: \$ _____

_____, MB Cost: \$ _____

TOTAL PAYMENT: _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
Cardholder Name _____		
Account Number _____		
Expiration Date _____		
Billing Address _____	Phone# _____	

City, State, Zip _____	Email _____	
CVV2 (3-digit number on back of Visa/MC) _____		

I authorize the above charge the credit card indicated in this authorization form for the amount indicated above only and is valid for one time use only. I understand that there is a **3% service charge**, for each transaction. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____

DATE _____