

PROJECT C.O.P.E. TEAM APPLICATION
Boy Scouts of America, Alamo Area Council, Inc.

Please Print or Type all entries.

Unit/Organization: _____ Application Date: _____

Chartered Organization: _____

Unit Leader (Adult Coordinator): _____

Address: _____ Phone: (_____) _____

Requested date for COPE experience: (1st) _____ (2nd) _____
(3rd) _____. The course is very busy, please enter 3 dates.

Desired COPE emphasis (circle up to 3): Leadership Problem Solving Communication
Self-Esteem Trust Decision Making Teamwork

Desired Challenge: Low Course: _____ High and Low Course: _____

Number of teams: (a team is 8 to 12 persons): _____

Number of participants: Total: _____ Males: _____ Females: _____ Youth: _____ Adults: _____

Total COPE fees paid: Deposit Fee \$ _____ Remaining Balance \$ _____

If paying by credit card please provide the following information:

____ Visa ____ Master card ____ American Express

Card account # _____

Expiration date **Month** _____ **Year** _____

COPE T-Shirts desired to purchase: Total number: _____ T-Shirt Payment: \$ _____