



P.O BOX 697
Breckenridge, CO 80424
(970) 453-6422
Fax (970) 453-4676
E-mail: boec@boec.org

Dear Student, Parents or Guardians,

Enclosed is the Breckenridge Outdoor Education Center's (BOEC) application for **Adult and Youth Adventure Programs**. The Application Packet includes two sections, one that is filled out and returned to the BOEC and one that you should keep for informational purposes. They are as follows:

- **Return to BOEC**
 - Student Application
 - Medical and Prescription Medical Form
 - Acknowledgement of Risk
 - OT/PT Recommendation
 - Scholarship Application
 - Registration Form
 - Ski/board Rental Forms (must receive via mail - if applies)
- **Keep For Your Reference**
 - Course Fact Sheet and Packing List
 - Cover Letter and Guidelines for Admission
 - Map

The BOEC reserves the right to screen all applicants. Please take the time to fill out the paperwork as accurately and completely as possible. We will fill the spaces based on the order in which we receive applications/payments and appropriateness for the applicant to participate in the course.

A \$50 deposit reserves your space and is due, with your completed application and registration form, one month prior to your course start. Spaces are reserved on a first come first serve basis. **Please indicate the course title and dates at the top of the *Student Application* and on all check(s) or payments.**

The scholarship application included in the application packet is for individuals who cannot afford to pay the full course tuition. Funds are limited and based on individual need. Please follow the instructions provided. Students receiving an award may be requested to write an additional letter during the program.

The BOEC encourages students to be covered by a personal medical insurance policy. Lack of insurance is not grounds for exclusion from a BOEC program. **Please note: If medical care for any reason is required during a BOEC course, the student's personal health insurance will be primary.**

Send Completed Packet: BOEC, Attn: Wilderness Program • PO Box 697 • Breckenridge • CO • 80424

Questions? Contact BOEC at (800) 383-2632 (ext 15) or email: wildassist@boec.org .

Sincerely,

Bob Bond
Wilderness Program Director

BRECKENRIDGE OUTDOOR EDUCATION CENTER
ADULT AND YOUTH ADVENTURE PROGRAMS
GUIDELINES FOR ADMISSION

The BOEC is committed to providing quality outdoor education to people of all abilities. Within this framework there are physical and legal guidelines the BOEC must follow to ensure the best experience for its students while remaining within the “standards of the industry.” The following guidelines are presented as an aid in determining the appropriateness of a prospective BOEC student.

Prospective students interested in BOEC Adventure Programs must consider that these programs are designed as adventure based education. Challenges will be presented due to the fact that the format is adventure based. Adventure is understood to contain elements of unpredictability and require effort. It does not translate into ease and comfort at every turn. These courses will be challenging both physically and mentally while remaining true to the BOEC’s stated agendas of; safety first and challenge by choice.

MEDICATION:

The BOEC does not administer medication to its students. We will assist with storage, prompting and counting of routine oral medication only. Routine oral medication is defined as any oral medication that the student has been taking long enough for dosage stabilization and side effect identification. BOEC will not alter any oral medication (E.G.: cut, break or crush pills). Prospective students requiring help with their medications must provide a care provider who will be responsible for the student’s medication.

PERSONAL CARE:

Potential students on BOEC courses must be able to perform the following tasks or be accompanied by a personal care provider (supplied by the student): **Dress and eat without assistance, perform all aspects of personal hygiene (toileting, meds, washing, teeth, etc.).** Note: A “personal care provider” is defined as a person who accompanies a student on the program and assists the student with all necessary daily living skills. Personal care providers are supplied **by the student** at a reduced tuition rate – 40\$/day.

MOBILITY:

BOEC Youth/Adult Adventure Programs are designed for people of all abilities. Programs have varying levels of challenge and commitment; therefore program planning will take into consideration aspects such as mobility and fatigue challenges on an individual level. Students interested water based programs must be able to wear a personal flotation device (PFD). Some prospective students may be unable to fit into a BOEC supplied PFD. Federal and state laws require that PFD’s be worn on BOEC’s water trips.

Any student on a BOEC program must be able to perform the following tasks or be accompanied by a personal care provider to be supplied by the student: **Sit up from a supine position on the ground, move from a sitting position on the ground to a chair if one is needed and transfer unassisted.**

BEHAVIOR:

The BOEC requires that all students be voluntarily involved in our programs. Guardians for or individuals who exhibit self-destructive or abusive behaviors should carefully consider the appropriateness of a BOEC program. All students must be willing and able to follow directions. Those requiring constant supervision must provide and be accompanied by a personal care provider, at their cost. The BOEC reserves the right to screen all applicants for their appropriateness on our programs.

BRECKENRIDGE OUTDOOR EDUCATION CENTER
STUDENT APPLICATION

Attach
Your
Picture
Here
(Optional)

Name: _____ Today's Date ___ / ___ / ___

Course Applying For: _____

Have you ever attended a BOEC program before? **Yes** or **No**

The Breckenridge Outdoor Education Center is committed to offering quality outdoor education to people of all abilities. Your course may include individuals with varying abilities, experiences and goals. All prospective students are required to fill out a Student Application. Please take the time to answer all questions as thoroughly as possible. Some questions may not apply to you; simply mark them N/A so we know that you read them.

The BOEC reserves the right to screen all students and may request that you provide a personal caregiver to join the program (please consult *the BOEC's Guidelines for Admission* for specific requirements).

PHOTOGRAPH: Please attach a current photograph of yourself in the space provided. This picture will help the BOEC staff become more acquainted with you prior to your wilderness course.

STUDENT INFORMATION

Name: _____ Birth Date: ___ / ___ / ___

Address: _____ Height: _____ Weight: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Gender: _____ Age: _____

Disability/Diagnosis: _____

Date of Diagnosis/Injury: _____

Ethnic Origin: (circle)

African American Asian American Caucasian Hispanic Native American Other: _____

EMERGENCY CONTACT

Name: _____ Relationship to Student: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (home) _____

Phone: (cell) _____ Phone: (wk) _____

INSURANCE INFORMATION

For our insurance records, answers to the following questions are required:

Is the applicant covered by a care policy? (circle) YES / NO

Medical Insurance Policy: (carrier and type) _____

Policy Number: _____

Please note: We recommend that all BOEC students be covered by personal health insurance. If medical care for injury, pre-existing condition or any other reason is required during a BOEC course, the student's personal health insurance will be primary.

MOBILITY

Please answer the following questions (circle and explain answers as necessary):

Do you face a mobility challenge? (circle) YES / NO -- please check all that apply

Balance		Dexterity		Use Crutches	
Coordination		Visual Impairment		Use Manual Wheelchair	
Endurance/Fatigue		SCI		Use Cane	
Hemiplegia		Use Power Chair		Other	
Walk Independently		Use Walker			

What equipment listed above do you use most often? _____

Do you have walking concerns? YES / NO _____

Do you require assistance on uneven, rough terrain? YES / NO _____

How far can you walk before resting? _____

Can you climb up and down stairs independently? YES / NO _____

Do you have a dominant side? LEFT / RIGHT

Wheelchair users please answer the following (circle where appropriate):

Do you use your chair: All the time Only when fatigued Only outside Only away from home

Do you operate the wheelchair independently? YES / NO

Transfers: No assist Minimal Assist Moderate Assist Total Assist Other: _____

Weight Shifts: YES / NO, required, how often? _____ Assistance/Props: _____

Please describe the functional limitations in your upper body and hands?

 List any other adaptive equipment: _____

DAILY LIVING SKILLS

Due to the adventure focus of BOEC courses, daily living skills can present a challenge for our students.

Do you need assistance with any of the following? (check all that apply and explain if necessary)

Bathing/washing		
Dressing		
Teeth		
Hair		
Other		

Toileting: No assist Partial Assist Total assist: _____

Bladder needs: None Incontinent Needs Reminders Needs to go very often

Toileting schedule: _____

Other: _____

COMMUNICATION

Style: (circle and explain as necessary) Verbal Sign Language Gestures Communication Board

Other: _____

Do you face restrictions in your ability to communicate? YES / NO _____

Can you understand what is said to you? YES / NO _____

Can you express your needs? YES / NO _____

Can you follow verbal directions given to you? YES / NO _____

Will you respect/follow directions given to you by a BOEC staff member (male or female)? YES / NO

Please explain: _____

BEHAVIOR

BOEC courses are conducted in a group setting. Activities are designed to facilitate inclusion, interaction and teamwork.

Will participating in a group of six or more peers present any challenges for you? YES / NO

If yes, please explain: _____

Please rate your short-term memory abilities (circle):

Average mild short-term loss severe short-term loss Extreme short-term memory loss

In a new situation do you: loose belongings get lost easily wander off run away

Anger issues: None Sometimes Often Severe Cause: _____

What helps you calm down? _____

Frustration: Never Occasionally Often Always Cause: _____

Paranoia: Never Occasionally Often Always Cause: _____

Depression: Never Occasionally Often Always Cause: _____

DIETARY/EATING

Food on BOEC courses is designed to be wholesome and nutritious. The BOEC will strive to meet all reasonable personal dietary requirements while supplying appropriate food for the entire program. You may be asked to provide specialty foods to supplement the BOEC menu.

Dietary Needs: (circle) Vegetarian / Meat and Veggie Eater Other Restrictions: _____

Food Allergies? YES / NO explain: _____

Do you need assistance with eating? No Assistance Partial Assistance Total Assistance

Please explain: _____

SLEEP ROUTINE

Do you require a nap? Never Sometimes Once a day Only when very active Rest only

Do you feel fatigued? Never Not usually Sometimes Usually Severely-all the time

Do you have trouble sleeping? YES / NO (circle below)

If it's noisy I need a light on I need total darkness In new places Other _____

Do you need to be awakened or turned at night? YES / NO _____

What time do you usually go to bed? _____ Wake up? _____

EXPERIENCE

Have you ever participated in a BOEC course? YES / NO Most recent date: _____

Why are you interested in participating in this course? _____

Have you ever been a member of a group that included people of all abilities before? YES / NO

In what activities are you currently engaged?

Are there activities that you have tried that don't work for you or that you have not enjoyed?
(please list below)

EDUCATION/WORK HISTORY

Do you attend school or classes? YES / NO

Name of School: _____

Academic Grade Level? _____ Emotional/Functioning Age: _____

Are you in a special education program and/or require assistance in the classroom? YES / NO

Please describe below.

If you are working/volunteering, what type of work are you currently doing?

FUN QUESTIONS

Do you sing? (circle and explain answers as necessary) YES / NO

Do you play an instrument? YES / NO, if yes – What Instrument? _____

Do you engage in an exercise routine? _____

Which sports, if any, do you play? _____

Jokes? (circle) I like to hear them I like to tell them

Stories? (circle) I like to hear them I like to tell them

Other interest you would like to share?

PART II: APPLICANT MEDICAL HISTORY (CONTINUED)

A. Personal History (continued)

6. Please contact your therapist and arrange for a release of information so we may contact her/him.

Has this been done? (circle answer) YES / NO

7. Therapist Information:

Name _____ Address _____

City/State/Zip _____ Phone () _____

Email Address _____

B. Conditions and Symptoms – Do or have you experienced any of the following? Check YES or NO for each item.

	YES	NO		YES	NO
1. High Blood Pressure			25. Communicable Disease		
2. Heart Disease			26. Head Injury		
3. Heart Murmur			27. Heatstroke		
4. Family History of Heart Attack			28. Bladder Infection		
5. Irregular Heartbeat			29. Difficulty Urinating		
6. Tuberculosis			30. Kidney Problems		
7. Recent exposure to active TB			31. Thyroid Problems		
8. Positive TB skin test			32. Endocrine Problems		
9. Active Hepatitis			33. Hearing Impairment		
10. History of Hepatitis			34. Vision Impairment		
11. Bleeding Disorder			35. Motion Sickness		
12. Asthma			36. Sleep Walking		
13. Diabetes			37. Broken Bones		
14. Hypoglycemia			38. Neck Problems		
15. Anorexia Nervosa			39. Back Problems		
16. Bulimia			40. Arm or Shoulder Problems		
17. Cancer			41. Leg, Knee or Ankle Problems		
18. Skin Problems			42. Foot Problems		
19. Frostbite			43. Currently Pregnant		
20. Circulation Problems			44. Special Diet		
21. Active Bedwetting			45. Learning Disability		
22. Headaches			46. Anemia, Sickle cell trait or other blood condition		
23. Stomach Ulcers			47. Medical Equipment Devices		
24. Intestinal Problems			48. Other		

Do you currently or regularly have any of the following symptoms?

	YES	NO		YES	NO
49. Chest Pain/Pressure			55. Heartburn		
50. Heart Palpitations			56. Muscle Cramps		
51. Unexplained Sweating			57. Intolerance of Cold Temps		
52. Frequent Shortness of Breath			58. Intolerance of Warm Temps		
53. Frequent Dizziness			59. PMS or Menstrual Problems		
54. Frequent Fainting					

If you answered "YES" to any of the above items, please explain below. Include the following information.

What specific symptoms are occurring

How often symptoms occur

How you care for the symptoms or condition

How long symptoms last

How symptoms or condition restricts your activity

Date of last occurrence

Item #	Detailed Description (Please include any important information. Use extra pages as necessary)

Item #	Detailed Description (Please include any important information. Use extra pages as necessary)

C. Seizure Specific Information

Have you been diagnosed as having a Seizure Disorder? (circle answer) YES / NO

If yes, what is the specific type of seizure? _____

Seizure Frequency _____ Current status (active or controlled) _____

Describe your seizure. Do you have any warning? What is the after effect of the seizure?

Describe specific care required in the event of a seizure and recovery time:

D. Medications

Please list any medications that you are currently taking, include over the counter medications. If you will be receiving medication during the course, please bring double amounts, in separate, waterproof containers. **If the applicant will need assistance with medication, please fill out *Prescription Medication Form***

Medication	Dosage	Condition	Side Effects

E. Allergies: List all allergies, including any to medications.

Allergy	Reaction	Medication Required

F. Immunization

The BOEC requires a tetanus immunization within 10 years of course start date. Please indicate the date, including the year of student’s last tetanus immunization:

The Breckenridge Outdoor Education Center reserves the right to require an exam, by a qualified medical practitioner, for any applicant to a BOEC course.

Please fill out the **FIRST THREE COLUMNS** of the Medication Dosage chart below.

Medication Times and Dosage

Student Name:

Medication Name:	In row below: Circle all that apply: (AM, Noon, PM, Other) & List Time	In row below: List Dosage Per Time Of day	Day 1 Date _ / _ / _	Day 2 Date _ / _ / _	Day 3 Date _ / _ / _	Day 4 Date _ / _ / _	Day 5 Date _ / _ / _	Day 6 Date _ / _ / _
Reason For Medication:			Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below
	AM Time:							
	Noon Time:							
	PM Time:							
	Other Time:							
Medication Name:	In row below: Circle all that apply: (AM, Noon, PM, Other) & List Time	In row below: List Dosage Per Time Of day	Day 1 Date _ / _ / _	Day 2 Date _ / _ / _	Day 3 Date _ / _ / _	Day 4 Date _ / _ / _	Day 5 Date _ / _ / _	Day 6 Date _ / _ / _
Reason For Medication:			Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below
	AM Time:							
	Noon Time:							
	PM Time:							
	Other Time:							
Medication Name:	In row below: Circle all that apply: (AM, Noon, PM, Other) & List Time	In row below: List Dosage Per Time Of day	Day 1 Date _ / _ / _	Day 2 Date _ / _ / _	Day 3 Date _ / _ / _	Day 4 Date _ / _ / _	Day 5 Date _ / _ / _	Day 6 Date _ / _ / _
Reason For Medication:			Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below
	AM Time:							
	Noon Time:							
	PM Time:							
	Other Time:							
Medication Name:	In row below: Circle all that apply: (AM, Noon, PM, Other) & List Time	In row below: List Dosage Per Time Of day	Day 1 Date _ / _ / _	Day 2 Date _ / _ / _	Day 3 Date _ / _ / _	Day 4 Date _ / _ / _	Day 5 Date _ / _ / _	Day 6 Date _ / _ / _
Reason For Medication:			Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below
	AM Time:							
	Noon Time:							
	PM Time:							
	Other Time:							

Medication Name:	In row below: Circle all that apply: (AM, Noon, PM, Other) & List Time	In row below: List Dosage Per Time Of day	Day 1 Date _/_/_	Day 2 Date _/_/_	Day 3 Date _/_/_	Day 4 Date _/_/_	Day 5 Date _/_/_	Day 6 Date _/_/_
Reason For Medication:			Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below
	AM Time:							
	Noon Time:							
	PM Time:							
	Other Time:							
Medication Name:	In row below: Circle all that apply: (AM, Noon, PM, Other) & List Time	In row below: List Dosage Per Time Of day	Day 1 Date _/_/_	Day 2 Date _/_/_	Day 3 Date _/_/_	Day 4 Date _/_/_	Day 5 Date _/_/_	Day 6 Date _/_/_
Reason For Medication:			Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below
	AM Time:							
	Noon Time:							
	PM Time:							
	Other Time:							
Medication Name:	In row below: Circle all that apply: (AM, Noon, PM, Other) & List Time	In row below: List Dosage Per Time Of day	Day 1 Date _/_/_	Day 2 Date _/_/_	Day 3 Date _/_/_	Day 4 Date _/_/_	Day 5 Date _/_/_	Day 6 Date _/_/_
Reason For Medication:			Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below	Staff Initials below
	AM Time:							
	Noon Time:							
	PM Time:							
	Other Time:							

To the parent or Guardian (please read and consider carefully before you sign):

The BOEC staff will assist students with routine oral medications, which are prescribed by a physician, only. The staff of the BOEC are highly trained OUTDOOR EDUCATORS who have skills related to the conduct of quality adventure programming. This includes appropriate First Aid training. They are not medical professionals. If you have any concerns surrounding the appropriateness of the students attending a BOEC course due to their personal medications please contact the BOEC and the students' physician before you make a decision regarding attending a BOEC course and certainly before you sign this form.

I _____, the parent/guardian of student _____
give permission for the BOEC staff to dispense the medications listed above during the BOEC course.

Parent/Guardian Signature

Date

BRECKENRIDGE OUTDOOR EDUCATION CENTER
ACKNOWLEDGEMENT OF RISK & RELEASE OF LIABILITY
SIGNATURE REQUIRED (BOTH SIDES)

We, the staff of the Breckenridge Outdoor Education Center (BOEC), look forward to having you, your child or your family member join us for a program experience on the ski slopes, at our Breckenridge campus and/or in one of our “wilderness” venues. On these two pages, you will find important information about the BOEC, our activities and the potential risks involved in participation. Please read this information carefully, ask us any questions you might have and do not sign this agreement if you do not want to be exposed to these activities!

The BOEC is a non-profit organization that has been in operation since 1976, providing outdoor adventure programs for people of all ages and abilities. We offer activities and programs for groups and individuals throughout the year. All activities are structured to address the specific goals and abilities of our students.

We conduct all our activities consistent with the standards set out by the Association for Experiential Education (AEE) and the Professional Ski Instructors Association (PSIA). You can be confident in knowing that the BOEC is accredited by AEE, who independently reviews the policies, practices and educational components of applicant organizations. The AEE only accredits those programs that meet its high standards. All activities offered are designed to pose an appropriate level of challenge for our students.

Please know that participation in BOEC activities involve risk. These risks will be greater than most people encounter in their daily lives, which is what BOEC is all about. Providing high quality programs in a risk-managed environment is a priority at the BOEC. We cannot eliminate all risks in adventure activities such as snow skiing or boarding, rafting, rock climbing or most of the activities that we do. These activities can cause injury and even serious injury. As with any outdoor adventure, under rare circumstances, the activity can even result in death.

It is of utmost importance to us that you do not engage in activities that could be detrimental to your health or which is opposed by you, your family, or your doctor due to illness, injury, physical or mental infirmity, or any other health/medical condition that you may have, whether diagnosed or undiagnosed.

To help us manage these risks it is very important that you follow all directions given by the BOEC staff and you ask questions whenever a procedure or activity is unclear to you. If you are currently taking prescription medications, including medical marijuana or other alternative therapies, it is imperative that these medications be disclosed in your confidential medical form. Use of, or being under the influence alcohol or judgment affecting drugs while participating in adventure activities, is strictly prohibited.

We believe that it is in everyone’s best interest that risks are disclosed, understood, and assumed prior to participation at the BOEC. After you have reviewed both sides of this Acknowledgement of Risk and Release of Liability Form and if you understand and agree with its contents, please sign and initial in the designated places on both pages. If you are the parent or legal guardian of a student, again please read both sides of this form and if you both agree and understand their content, place YOUR signature and initials in the designated places on both pages.

If you have any questions or comments about the level of risk at the BOEC, please do not hesitate to contact us. We welcome your questions, suggestions and feedback.

Sincerely,

The BOEC Staff

I have read the above information
Student or Parent/Guardian _____(initial)

BRECKENRIDGE OUTDOOR EDUCATION CENTER
OCCUPATIONAL/PHYSICAL THERAPIST
RECOMMENDATION FORM

Name of Student: _____ Date: _____

BOEC Course Student is Applying for: _____

Name & title of therapist completing this form: _____

Therapist' phone number: () _____

A non-profit organization founded in 1976, the Breckenridge Outdoor Education Center (BOEC) offers quality outdoor learning experiences to people of all abilities, including people with disabilities, those with serious illnesses and "at risk" populations. The BOEC offers a wide variety of programs that are tailored toward the needs and goals of our clients while utilizing the natural setting of the central Rocky Mountains. Please refer to the Fact Sheet, included in the application packet, for a description of the specific course your client is interested in attending as you complete this form. THANK YOU! Call us if we can be of assistance. (800) 383-2632.

1. What are your client's current therapy needs and goals?

2. What would you hope to see as an outcome from this course for your client?

3. What approaches or techniques have helped this client succeed?

Please include any current evaluations that you think we may find useful with this form. You may return the form to the family or send it directly to: BOEC, P.O. Box 697, Breckenridge, CO, 80424.

BRECKENRIDGE OUTDOOR EDUCATION CENTER
SCHOLARSHIP APPLICATION
FOR INDIVIDUALS

In order to be considered for a scholarship by the BOEC, you must:

- Complete this application
- Attach a personal statement of need that includes the following information:
 - ⇒ Your personal situation and why you need financial assistance
 - ⇒ Why it is important to you to participate in a BOEC course

APPLICANT INFORMATION

Name: _____ Phone: () _____

Name of Student (if different than person filling out application): _____

Address: _____

County: _____

Male Female Single Married Age: _____ Are you a student? Where? _____

Course for which tuition is being requested: _____

Course dates: _____

Employer: _____

Employer's Address: _____ Phone: () _____

ESTIMATE OF NEED

1. \$ _____ Total fee for your course.
2. \$ _____ Maximum amount you can provide toward tuition (including aid from other Sources)
3. \$ _____ Minimum amount you need in financial aid (The BOEC cannot provide a full Scholarship)

QUESTIONS. (please answer the following):

1. Are you a member of PVA/DAV/VA/Other disability organization? Which organization?
2. Do you currently receive Government Assistance? If so, please describe.
3. Are you a member of a subsidized living program? Which program?
4. What is your (or your family's) annual income?
5. Are you supporting other persons beside yourself? (spouse, children, etc.)
6. Please list any other bank accounts, investments (stocks, bonds, IRAs, etc.), real estate, interest/dividends, other holdings or assets, or any settlements that you may have received.

BRECKENRIDGE OUTDOOR EDUCATION CENTER
REGISTRATION FORM
SIGN ME UP!!

Registration: A \$ 50 deposit will reserve your space. Deposits may be made by check or credit card. Please complete the registration form below and mail it, along with your deposit and completed application, attention **Bob Bond, BOEC, P.O. Box 697, Breckenridge, CO 80424**. All applications and deposits are due 1 month prior to the first day of the course. Remaining course fees are due in full 2 weeks prior to the first day of the course. Spaces are reserved on a first come first serve basis.

Cancellations and Refunds: Full refunds, less 10% of amount received, will be made for cancellations 30 days or more prior to the course start date. A 50 % refund will be made 20-29 days prior to departure. No refunds will be made 19 days or less prior to departure. The BOEC reserves the right to cancel any trip or modify an itinerary due to weather, equipment failure, under-enrollment, or any unforeseen problem. In the event of cancellation by the BOEC, a full refund will be granted.

Other Important Policies: The BOEC reserves the right to screen applicants based on ability, trip safety, and group cohesiveness. For the enjoyment and safety of all students, no alcohol or drugs are permitted. Tobacco products are discouraged.

PLEASE DETACH & SEND IN PORTION BELOW WITH DEPOSIT & COMPLETED APPLICATION

.....

BOEC REGISTRATION and INTENDED PAYMENTS

Name _____ Male [] Female [] Date of Birth ____/____/____

Address _____ Email Address _____

City _____ State _____ Zip _____

Form of payment: Visa [] Mastercard [] c.c. # _____ Exp. Date _____

Name on card _____ Signature _____

Check/money order enclosed [] **Make checks payable to the BOEC & indicate the course name on check**

Desired Course Name: _____ Dates: _____

INTENDED PAYMENTS

Deposit Amount (minimum \$50): \$ _____ Date: _____

Payment #1 Amount: _____ Date: _____

Payment #2 Amount: _____ Date: _____

Payment from other funding source: \$ _____ Funding Source Name: _____

Payment from other funding source: \$ _____ Funding Source Name: _____

For more information, contact BOEC @ 1 800.383.BOEC
Fax: 970.453.4676 E-mail: wildassist@boec.org Web: www.boec.org