



# NEW RIVER ADVENTURE

## OPTIONAL DAY SELECTION FORM

**Return by April 1st to:**

or Fax: (540) 265-0659  
shirleyn@bsa-brmc.org

Camp Registrar  
Blue Ridge Mountains Council, BSA  
P.O. Box 7606  
Roanoke, VA 24019

Dates for attending camp: \_\_\_\_\_

Unit #: \_\_\_\_\_ Council: \_\_\_\_\_ Email: \_\_\_\_\_

Adult Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Please list in order of preference (1-3)

\_\_\_\_ Option 1 - Caving

Number Youth \_\_\_\_\_

\_\_\_\_ Option 2 - Climbing and Zipline

Number Adults \_\_\_\_\_

\_\_\_\_ Option 3 - Climbing in New River Gorge

\_\_\_\_ Option 4 - Basic Pistol

***\* If we do not receive your selections by April 1st, we will select an optional program for you.***

### Special Needs

In order to serve you better, please list below any special needs (physical or dietary) that your crew might have:

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