



COPE Program Request Form

Loren S. Riggins, Jr. Scout Resource Center
4468 South Main Road, Millville, NJ 08332
856-327-1700

Rowan Scout Resource Center
693 Rancocas Road, Westampton, NJ08060
609.261.5850

Unit/Group: _____ Date Requested: ____/____/20____
Council: _____ District: _____ # Youth: ____ # Adults: _____

A Project COPE course provides an opportunity for each participant to achieve success as an individual and as a member of a patrol or team. The activities are not designed to be competitive or to be races against time. The objectives include building teams, solving problems, making decisions, and developing trust, communication, leadership, planning, and self-esteem as team members cooperate to achieve goals upon which they have agreed. The course is designed to foster personal growth among both youth and adult groups.

Number of Participants: _____ @ \$35.00/ea = \$_____ Total Due

COPE Location: Camp Roosevelt

Once this form is received, it will be submitted to our team of volunteer COPE Instructors/Directors to confirm availability.

If your group is interested in reserving a campsite as part of your event, please contact the Garden State Council office or you can make your reservation online at www.GardenStateScouting.org

Unit Leader Name: _____
Phone: (_____) _____ - _____ Unit Leader Email: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

Rules for COPE:

- The preferred minimum age for COPE participants is 13.
- Participants in Non-Scout groups are required to complete an activity consent form available online at: <http://www.scouting.org/filestore/pdf/19-673.pdf>
- All participants should be in good health
- All participants are required to follow the instruction of the COPE staff.

I agree to be responsible for all equipment rented. I agree to follow all rules as outlined in the Guide to Safe Scouting.

Signature: _____ Date: ____ / ____ / 20 ____

Completed forms may be sent to either of the Scout Service Centers listed above

----- For Office Use Only Below Line -----

Form Received: Yes

Rental Payment Received: Yes

Date: ____ / ____ / 20 ____

Date: ____ / ____ / 20 ____

Received By: _____

Received By: _____

Receipt #: _____

Acct #: 1-6801-704-21

