Anza Trek 2020

$15 Registration /or donation day of for hike only / parents welcome

Spend the day hiking a beautiful riparian habitat along the Santa Cruz River five miles segment of the 1,200-miles Juan Bautista de Anza National Historic Trail, while we reflect on religious tenants and how they apply to our Scouting Experience.

This event is open to all faiths. Service project(s) done on Anza Trail and/or at NHP. Class A requested for morning flag and Saturday church service.

 Directions:  Tumacácori National Historical Park—Fiesta Grounds (near Tubac, AZ)
1891 I-19 Frontage Rd, Tumacacori, AZ 85640

Take I-10 East to Tucson & Slight right @ I-19S/Nogales
Take I-19 south to Exit 29 Tumacacori/Carmen
Turn left on Santa Gertrude
Take another left on I-19 Frontage Rd
Tumacacori NHP Fiesta Grounds on Right

EVENT CONTACT: JOE REILLY (520) 982-0982 | FJREILLY63@GMAIL.COM
Anza Trek 2020 | Registration
Payment online: catalinacouncil.org or form to office—cash/check

Are you Registering individually? Y/N
Name_____________________________________________________
Email_____________________________________________________
Phone #_____________________________________________________
Troop #__________________________ or Guest of #______________

Scoutmaster name___________________________________________
Email_______________________________________________________
Troop #_____________________________________________________
Phone #_____________________________________________________

Register for one: ☐ 1/2 day with lunch
☐ full day—lunch/dinner
☐ full day & Sat. camping
☐ full day, Fri-Sat 2 nights camp

Are you Registering as a group? Y/N
Troop members attending:
2._________________________________________ ☐
3._________________________________________ ☐
4._________________________________________ ☐
5._________________________________________ ☐
6._________________________________________ ☐
7._________________________________________ ☐
8._________________________________________ ☐
9._________________________________________ ☐
10.________________________________________ ☐
11.________________________________________ ☐
12.________________________________________ ☐
13.________________________________________ ☐
14.________________________________________ ☐
15.________________________________________ ☐
16.________________________________________ ☐
17.________________________________________ ☐

Special needs*: ☑ Special diet food allergies
☒ Disability

*If so, please submit to Joe Reilly

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