

2027 ANTARCTICA EXPEDITION

Participant Application

Expedition Dates: December 19 – 29, 2027 (plus travel time)

Name (as shown on Passport): Last: _____ First: _____ Middle: _____

Please send a copy of your passport (scan preferred, but photograph acceptable)

Preferred Name (or Nickname) _____ Gender: Male ☐ Female ☐ Scouting Participant: Yes ☐ No ☐

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone: _____ Country: _____

Date of Birth: _____ Allergies/Food Restrictions: _____

Medical Conditions:

Scuba Certification Level (if diving): _____ # Dives: _____ # Drysuit Dives: _____

Deposit: USD \$5,000 (immediate)

Payment schedule as follows:

Payment due by 1/1/27 USD \$4,000

Balance Due Sept 1, 2027

All prices are per person

- ★ Interested in: ☐ Scuba diving (\$1,150)
☐ Camping (\$500, included for Scouts)

Vessel Cost (Select one)

- | | |
|--|--------------|
| ☐ Quad (Scouts only) | USD \$11,000 |
| ☐ Twin Port (Scout) | USD \$13,500 |
| ☐ Twin Porthole | USD \$13,000 |
| ☐ Twin Window | USD \$13,500 |
| ☐ Deluxe Twin | USD \$14,500 |
| ☐ Superior (Couples only) | USD \$15,700 |
| ☐ Junior Suite (Couples) | USD \$16,600 |
| ☐ Grand Suite (Couples) | USD \$19,100 |

Included:

- ★ Expedition space
- ★ Shore & Zodiac excursions
- ★ Hiking
- ★ Glacier travel
- ★ Rubber boots
- ★ All shipboard guiding fees
- ★ Meals on board the vessel
- ★ Escorted by Dr. Jeffrey Bozanic

Not included:

International flights/domestic flights, food and hotel for travel and stays in Argentina, (the trip will begin at the gangway on boarding day), alcoholic drinks, travel insurance (mandatory), dive insurance (mandatory for divers), tips, gratuities, items of a personal nature, any item not mentioned above in the 'included' paragraph, Global Entry registration. Single Surcharge: 70% of the per- person cabin fee, available for any twin cabin (i.e., 170% of rates quoted above)

Recommended minimum tips: \$600 for the vessel crew, dive guides at your discretion

Payment Details:

Payment may be sent to me by check to the address below, wired to my bank account, or you can even walk into a Bank of America branch and deposit it directly. If you do a walk-in deposit, please send me a copy of the receipt. Banking information is as follows:

Bank: Bank of America
Account Name: Next Generation Services
Address: P.O. Box 3448, Huntington Beach, CA 92605
Account #: 09616-07312
Routing Number: 121000358 (for electronic transfers)
026009593 (for wire transfers)

SWFT: BOFAUS3N (if you are using a bank from outside the United States)

Check:

Send to: Next Generation Services
P.O. Box 3448
Huntington Beach, CA 92605 USA

Zelle or Venmo: 714-747-2727

★ Note that payments are non-refundable, but may be transferred to another replacement individual identified by the original depositor.

For Scouting Participants Only

Dates of trip (including travel, est) December 14-30, 2027

(Dates include travel time from / to **LAX** Los Angeles, CA or **EWB** Newark, NJ)

BSA Membership ID#: _____ Latest SYT date (if 18 before January 15, 2028): _____ **Need certificate**

Active in: ☐ Scouts BSA Rank: _____ Position: _____
(mark all that apply)
(Youth mark ranks) ☐ Venturing Rank: _____ Position: _____
☐ Sea Scouts Rank: _____ Position: _____
☐ Order of the Arrow Honor: _____ Position: _____

Note: All Scouts & Scouters must register with Crew 163, Northern New Jersey Council (either as primary or multiple membership)

Experience:

International Travel: _____ Where: _____ When: _____

Week-Long Summer Camps: _____ Where: _____ When: _____

Note: All Scouts & Scouters are required to submit a Scouting America Annual Medical Form, Parts A, B, & C (dated after May 1, 2027)

Medical Concerns/Diagnoses: _____ Medications: _____

Dietary Restrictions: _____ Allergies: _____

Self or parent TEC Member?: ☐ Yes ☐ No

Parent/Guardian (P/G) Information: (For youth applications only)

P/G #1: Last: _____ First: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Work Phone: _____ Country: _____

P/G #2: Last: _____ First: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Work Phone: _____ Country: _____

Unit Leader Information: (A Letter of Recommendation from the Unit Leader is required. Crew 774 will request it directly.)

Name: _____ Position: _____ Email: _____

Phone: _____ Council: _____ Unit Type: ☐ Troop ☐ Crew ☐ Ship Unit # _____

Note: Campership eligibility priority for Scouts is based on the date the application & initial deposit is received.