

Gerald R. Ford Council, BSA
Presents . . .

Kodiak X

For All Venturing Youth who have completed Kodiak.



This course is by invitation only and under the recommendation of your Advisor.

October 16-18, 2009
Gerber Scout Reservation
1733 Owasippe Road, Twin Lake

What is Kodiak X?

The X stands for extreme. Kodiak X is an overnight leadership challenge for Venturers who have completed Kodiak and are ready for the extreme leadership challenge. Friday night extreme challenge begins with getting to know you games & leadership exercises with a review of Kodiak principles. On Saturday the extreme leadership challenge continues with every participant leading a small group through an extreme challenge continuing into Sunday afternoon.

Cost: \$40 Regular fee ♦ **Must be pre-registered by October 9th, 2009**

Cost includes:
 Kodiak X Materials
 Kodiak X Medal
 Certificate
 Food
 Activities
 Lodging



For More information contact:
 Robin Kiste at 616-754-0450
jkiste@chartermi.net
 Ryan Kriesch at 1-888-272-4732
rkriesch@bsamail.org

Items Needed:
 Leadership Bag
 Bag Tag
 Necklace
 Sleeping Gear
 Personal Toiletries
 Crew Uniform
 Rain Gear

Deadline:
 October 9, 2009



KODIAK X TRAINING OCTOBER 16-18, 2009 REGISTRATION FORM

Unit # _____

Adult in Charge: _____

Address _____ City _____ Zip _____

Telephone Number: (Home) _____ (Business) _____ (E-mail) _____

Total Participants _____ x \$40 each = \$ _____

Staff Fee _____ x \$20 each = \$ _____

Take out of unit account # _____ per _____
Print Name

Total Enclosed \$ _____
Event Code: 605

Please make check payable to: Gerald R. Ford Council, Boy Scouts of America.

Detach and return by October 9, 2009 to: Gerald R. Ford Council, BSA
3213 Walker Ave. NW, Grand Rapids, MI 49544-9775.

Who to call for more information: Advisor, Robin Kiste at 616-754-0450 or jpkiste@chartermi.net
OR Staff Advisor, Ryan Kriesch at 888-272-4732 Fax: 616-785-0835

How many Youth attending - # _____

Names: (Please Print Clearly) _____ Male Female

	Male	Female

How many Adult attending - # _____

Names: (Please Print Clearly) _____ Male Female

	Male	Female

Duplicate as Needed or Attach Your Own Roster.

For Office Use: Amt. Paid _____ Receipt No. _____ Date _____ Council Approved _____
