



2019 WORLD CLASS OUTPOST SEMINAR APPLICATION

FOR OFFICE USE Postmarked/Faxed:
PAID:
FOP:

PLEASE PRINT

NAME _____ PREFERRED PHONE (____) _____ - _____
 HOME ADDRESS _____
 CITY, STATE, ZIP _____
 EMAIL _____ DATE OF BIRTH
 DISTRICT _____ OUTPOST # _____ CHARTERED? (PLEASE CHECK ONE) YES NO
 CHURCH NAME _____ CHURCH OFFICE PHONE (____) _____

REQUIREMENTS

PLEASE FILL IN ALL BLANKS. WE MUST HAVE YOUR COMPLETE DATE OF BIRTH IN ORDER TO REGISTER YOU FOR THIS TRAINING EVENT. YOU MUST ALSO BE 18 YEARS OR OLDER IN ORDER TO BE REGISTERED FOR THIS SEMINAR.

EVENT LOCATION	SEMINAR DATES
Lacey, WA	April 5-6

REGISTRATION FEES

REGULAR REGISTRATION RATE APPLIES TO APPLICATIONS RECEIVED AFTER: MARCH 1, 2019	NON-CHARTERED OUTPOST \$70.00 PER PERSON	CHARTERED OUTPOST \$60.00 PER PERSON
EARLY REGISTRATION DISCOUNT RATE APPLIES TO APPLICATIONS RECEIVED ON OR BEFORE: MARCH 1, 2019	<u>-LESS \$20.00 EARLY DISCOUNT</u> \$50.00 PER PERSON	<u>-LESS \$20.00 EARLY DISCOUNT</u> \$40.00 PER PERSON

(FOR CREDIT/DEBIT CARD PAYMENT ONLY)	
CARD NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXP. DATE: <input type="text"/> <input type="text"/> <input type="text"/>
CARDHOLDER'S NAME AS IT APPEARS ON CARD (PLEASE PRINT)	<div style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;"> \$ _____ AMOUNT (FULL FEE) </div> <div style="text-align: right; margin-top: 5px;"> </div>
SIGNATURE OF CARDHOLDER	
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)	
BILLING TELEPHONE NUMBER (IF DIFFERENT THAN ABOVE)	

FOR UP-TO-DATE CAMP STATUS INFORMATION, PLEASE VISIT THE ROYAL RANGERS WEBSITE AT WWW.ROYALRANGERS.COM/TRAINING/EVENTS.

Mail form to: Royal Rangers, 1445 N. Boonville Avenue, Springfield, MO 65802-1894
 Fax form to: 417.831.8230 Please make checks payable to ROYAL RANGERS.