2017
NATIONAL RANGERS MINISTRY CAMP APPLICATION

FOR OFFICE USE	
Postmarked/Faxed:	
PAID:	FOP:
BAL. DUE:	

PLEASE PRINT

NAME _____ PREFERRED PHONE (____) _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

EMAIL _____ DATE OF BIRTH ☐☐/☐☐/☐☐☐☐

T-SHIRT SIZE (CIRCLE ONE): M L XL 2XL 3XL 4XL 5XL 6XL

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 male and 18 years or older in order to be registered for this training event. The PARTICIPANT AGREEMENT and MEDICAL RECORD must accompany this application.

EVENT LOCATION	EVENT DATES
Arecibo, PR	November 10-11

REGISTRATION FEES

REGULAR REGISTRATION RATE APPLIES TO APPLICATIONS RECEIVED AFTER: OCTOBER 6, 2017	NON-CHARTERED OUTPOST $270.00 PER PERSON	CHARTERED OUTPOST $230.00 PER PERSON
EARLY REGISTRATION DISCOUNT RATE APPLIES TO APPLICATIONS RECEIVED BEFORE: OCTOBER 6, 2017	-LESS $40.00 EARLY DISCOUNT $230.00 PER PERSON	-LESS $40.00 EARLY DISCOUNT $190.00 PER PERSON

(FOR CREDIT/DEBIT CARD PAYMENT ONLY)

CARD NUMBER: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ EXP. DATE: ☐☐/☐☐

_____
CARDHOLDER'S NAME AS IT APPEARS ON CARD (PLEASE PRINT)

_____
SIGNATURE OF CARDHOLDER

_____
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)

_____
BILLING TELEPHONE NUMBER (IF DIFFERENT THAN ABOVE)

$_____
AMOUNT
($50.00 MINIMUM)

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

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**.