

INSTRUCTIONS:

1. One person per Form.
2. This form can be completed electronically, or manually. ALL information is required. Print. Sign.
3. Must be presented to Seminar Director when you check-in at Seminar.



Name

Address

City State Zip Code

eMail

Age (Youth)

Grade (Fall, 2008)

Male Female Youth Adult Non-Indian Tribal Heritage

BSA GSUSA Not registered with BSA or GSUSA Boy Scouting / Girl Scouting ID Number

Boy Scouting / Girl Scouting Council where you are registered

Boy Scouting / Girl Scouting Position

On Campus Housing Roommate Preference (One Name)

Off Campus Housing Location

Special Housing Needs (Access, Diet, Etc.)

ARRIVAL / TRANSPORTATION INFORMATION *(Ground transportation is available to the university from Asheville, NC Airport only)*

If you don't know your travel plans when you register, please let **Joanne Allbaugh**, Housing Chairperson, know as soon as your arrangements are made. Contact her at (479) 394-5043, or allbaugh65@sbcglobal.net.

Type of transportation Air Private Vehicle Other (Specify)

Expected Date and Time of Arrival

Airline Flight # Time

Expected Date and Time of Departure

Airline Flight # Time

EMERGENCY CONTACT INFORMATION

On-Site Name Cell #

At Home Name Home Phone Cell #

	FEES		Amount Due
	Postmarked BEFORE May 1st	Postmarked AFTER May 1st	
Seminar activities - Meal Ticket - Lodging on campus	\$200.00	\$225.00	<input type="text"/>
Seminar activities - Meal Ticket only <i>(Lodging off campus)</i>	\$160.00	\$180.00	<input type="text"/>
One Day attendance (Day) <input type="text"/>	\$60.00	\$80.00	<input type="text"/>
<i>No Lodging provided. Lunch and Dinner on that day only</i>			
Seminar Group Photo <i>(Optional payment only at On-Site Registration: Approximately \$10.00)</i>			<input type="text"/>
TOTAL DUE			<input type="text"/>
AMOUNT ENCLOSED <i>(Full Fee or minimum \$100.00 deposit)</i>			<input type="text"/>
BALANCE OWED <i>(Due upon arrival at Seminar Registration Table, July 12th. Must Pay at Maximum Rate.)</i>			<input type="text"/>

Print Form

REGISTRATION USE ONLY

Room # Health History Receipt # Deposit PAID

Date IN Photo Release Postmark Date Fee PAID

Date OUT Participant Agreement Date Received Fee PAID

Refund \$ Date

BSA
 AISA
 GSUSA

Scholarship

Balance Due