



2008 WORLD CLASS OUTPOST SEMINAR APPLICATION

FOR OFFICE USE POSTMARKED:	
PAID:	FOP:
BAL. DUE:	

PLEASE PRINT
 NAME _____ SPOUSE'S NAME _____
 HOME ADDRESS _____
 CITY, STATE, ZIP _____
 HOME PHONE (____) _____ WORK/ALTERNATE PHONE (____) _____
 EMAIL _____ DATE OF BIRTH
 DISTRICT _____ OUTPOST # _____ CHURCH DENOMINATION _____
 CHURCH NAME _____ CHURCH OFFICE PHONE (____) _____

REQUIREMENTS

YOU MUST BE AN ADULT, 18 YEARS OR OLDER IN ORDER TO PARTICIPATE IN THIS SEMINAR.

LOCATION	SEMINAR DATES	MIN. CONFIRMED REGISTRATIONS DEADLINE	FEE DISCOUNT DEADLINE
09 [] HENDERSON, NV	AUG. 8-9	N/A	AUG 1

Use this registration form for Henderson, Nevada Event ONLY

REGISTRATION INFORMATION

Because of the limited size and the cost of holding this seminar, we strongly encourage early registration. The full registration fee for the World Class Outpost Seminar is \$50.00. However, applications postmarked by the Fee Discount Deadline Date shown will qualify for the Early Registration Discount fee of \$35.00. Applications postmarked after this date must include the full registration fee. If you and your spouse attend, the spouse qualifies for a \$15.00 fee discount. (Please submit a SEPARATE application for your spouse.) Lodging and meals are the responsibility of each student; these are not included in the registration fee. In order to hold the seminar, a minimum of 48 applications must be received by the Minimum Confirmed Registrations Deadline. Low enrollment could force cancellation of the seminar. If this occurs, the total fee you paid will be refunded. Should you need to cancel, you will receive a refund of all monies paid (minus a \$15 administrative fee) if the National Royal Rangers Ministries office receives your written notification no later than twenty-eight (28) days prior to the seminar start date. Once your application is approved, you will receive additional information regarding the training. For up-to-date training information, including the status of registrations received, please visit the Royal Rangers Website at: www.paiuteroyalrangers.org/events.htm

(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"/>
NAME AS IT APPEARS ON CARD (PLEASE PRINT) _____	
SIGNATURE OF CARDHOLDER _____	
BILLING ADDRESS (IF DIFFERENT THAN ABOVE) _____	
BILLING TELEPHONE NUMBER _____	

\$ _____
 AMOUNT
 (PAYMENT IN
 FULL)