

David Hinds Memorial Training Registration and/or Annual Colonneh Lodge Banquet April 12, 2008

*David Hinds Memorial Training Location:
Sam Houston Area Council – Cockrell Scout Center
2225 N Loop West, Houston, Texas 77008*

*Banquet Location:
Sam Houston Area Council – Cockrell Scout Center
2225 N Loop West, Houston, Texas 77008*

LIMITED SEATING @ BANQUET – Restricted to first 300 participants

Cost

Must be registered by April 4th, 2008

(circle all that apply)

- \$ 8** **David Hinds Memorial Training (only) Fee:** Includes lunch and training material (9:00a.m.-5:00p.m.)
- \$15** **Colonneh Lodge Banquet (only) Fee:** Includes dinner and awards program (6:00p.m.registration-6:30p.m. dinner)
- OR --**
- \$20** for both events **David Hinds Memorial Training PLUS Colonneh Lodge Banquet Fee:** Includes all above
- \$10** **Late Fee after 3-28-08 – applies to Banquet ONLY (LIMITED SEATING – Must register by 4-4-08)**
- \$12** **2008 Dues (Account Number: 900267 1-2371-738-00)**

Total Paid

PLEASE complete ALL blanks, sign on all signature lines, and print legibly in ink or type.

Name _____ Age _____ Sex _____ Adult or Youth(A/Y)

Address: _____

City: _____ State: _____ Zip _____ Phone _____

Name of Parent Guardian _____

Business Telephone _____ Pager _____ Cell Phone _____

Home Address _____ City _____ State _____ Zip _____

Chapter: _____ Unit: _____ Rank _____ e-mail _____

CONSENT TO TREAT In case of emergency, I understand that every effort will be made to contact me (if an adult, my spouse or next of kin). In the event that I can not be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult)

Date _____ **Signature of Parent/Guardian or Adult** _____

TALENT RELEASE I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video/electronic representations and/or recording made of myself and/or my child at this(ese) event(s) by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. I further authorize the reproduction, sale copyright, exhibit, broadcast, electronic storage and/or sound recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing. Names and/or individualized identification shall be unintentional.

Date _____ Signature _____

Card Holder' Name _____

Payment Method: ___ Cash ___ Check ___ Amex ___ MC ___ Visa ___ Disc

_____ Exp. Date _____

Signature _____

Mail to: OA Vice Chief, Administration
P.O. Box 924528
Houston, TX 77292-4528
Fax your CREDIT CARD Registration
ONLY to: 713-865-9125
ACCT No. 1-2371-750-00

For last minute urgent issues call Susan Yeldell – 713-553-3754 (cell)