

**Registration Form**

MSA State (Spring/Fall) Campout  
(Date)  
(Campout Location)  
(Campout Address)

Fees:

Activity fee (pre-registration) \$25.00

**OR**

Activity fee (paid at gate) \$30.00

Camping fee (payable at the gate): \$\_\_\_\_\_ per night

Early Arrivals: \$\_\_\_\_\_ per night

NOTE: Total fee in advance is appreciated.  
NO REFUNDS of pre-registration activity fee  
Checks will be accepted at the gate.  
Registration Deadline: (Date)

Mail Registration to:

Name\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Phone\_\_\_\_\_

Email Address\_\_\_\_\_

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Registration for State (Spring/Fall) Campout at \_\_\_\_\_

Name:\_\_\_\_\_ Phone\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State/Prov.\_\_\_\_\_ Zip \_\_\_\_\_

**Go Green—your mailback will be sent to your email address provided below:**

Email Address: \_\_\_\_\_

Chapter Name:\_\_\_\_\_ Chapter No.\_\_\_\_\_ M.A.L.\_\_\_\_\_

Type of unit\_\_\_\_\_ Length \_\_\_\_\_ ft No. of slide outs \_\_\_\_\_

\_\_\_\*We are handicapped and MUST be parked in the handicapped area. We understand that we will not be with our chapter. We have a valid state handicapped certificate, license, or doctor's certificate.

# of Teens\_\_\_\_\_ # of Youths\_\_\_\_\_ (please provide names and ages on back)

Enclosed is:

Pre-registration activity fee: \$\_\_\_\_\_ (\$25.00)

Camping fee: \$\_ (\$\_\_\_\_\_ per night)

Early arrival: \$\_ (\$\_\_\_\_\_ per night)

Total enclosed: \$\_\_\_\_\_

Make check payable to 20\_\_ MSA State (Spring/Fall) Campout

\*Handicapped registrations **MUST** be received by the registration deadline to be parked in the handicapped area.