

2004 NATIONAL FCF RENDEZVOUS

# Application

July 12-16, 2004 — Eagle Rock, Missouri

## REGISTRATION FEE:

- **\$60** — Old Timers — if postmarked *on or before June 19, 2004*
- **\$50** — Young Buck — if postmarked *on or before June 19, 2004*
- **\$75** — Old Timers — if postmarked *after June 19, 2004*
- **\$60** — Young Buck — if postmarked *after June 19, 2004*

FOR NATIONAL OFFICE USE ONLY			
CASH \$	DIST. CHECK \$	VISA \$	PER. CHECK \$
MASTERCARD \$	CH. CHECK \$	DISCOVER \$	TOTAL \$
Date Rcv'd: / /		Date Processed: / /	

## REGISTRATION FEE COVERS THE FOLLOWING:

- (1) One Rendezvous T-shirt
- (2) Two Rendezvous Patches
- (1) One Rendezvous Cap
- (1) One Rendezvous Registration Medallion

LAST NAME <i>(please print)</i>	MIDDLE INITIAL	FIRST NAME
MAILING ADDRESS <i>(Street or R.F.D.)</i>		
CITY		STATE
ZIP CODE		
COUNTRY		E MAIL ADDRESS <i>(if available)</i>

DATE OF BIRTH		
MO	DAY	YEAR

CHECK  IF 18+

HOME PHONE NUMBER + AREA CODE		
WORK PHONE NUMBER + AREA CODE		
FAX NUMBER + AREA CODE <i>(if available)</i>		

Check if you are an FCF Member:  CHAPTER NAME

**STOP HERE** —  
if you are not an FCF Member in good standing with your Chapter. Please do not call and ask for a waiver or special request. You must meet the minimum membership requirements to attend the National Rendezvous.

CHURCH NAME	DISTRICT <i>(Abbreviate as needed)</i>	OUTPOST #
CHURCH ADDRESS <i>(Street or R.F.D.)</i>	CHURCH PHONE — AREA CODE & NUMBER	
CITY	CHURCH FAX — AREA CODE & NUMBER	
STATE		
ZIP CODE		

T-SHIRT INFORMATION: *(Adult sizes only)* Check one:  M  L  XL  XXL  XXXL

**METHOD OF PAYMENT** The registration fee can be paid by an adult by check or by credit card.

CHECK ENCLOSED Individual checks must include: current address, place of employment, and driver's license number.

CREDIT CARD If paying via credit card, include the following information here:      

TOTAL REGISTRATION FEE PAID
\$

CARD HOLDER'S NAME	CARD HOLDER'S ADDRESS
CREDIT CARD NUMBER	CARD HOLDER'S PHONE NUMBER ( _____ )
EXP. DATE	Please list other registrants being paid for by this charge:
MO    YEAR	<input type="text"/> X <input type="text"/>
CARD HOLDER'S SIGNATURE	

CARD HOLDER'S ADDRESS
CARD HOLDER'S PHONE NUMBER ( _____ )
Please list other registrants being paid for by this charge:

**REGISTRATION POLICY:** Complete the 2004 National Rendezvous Application, Signed Medical Form along with Registration fee and send to: **National Royal Rangers Office, 1445 N. Boonville Avenue, Springfield, MO 65802-1894**

