

# Application

**REGISTRATION FEE:**

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

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

**STOP HERE** \_\_\_\_\_ CHAPTER NAME




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.

<p><b>CHURCH NAME</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>CHURCH ADDRESS</b> <i>(Street or R.F.D.)</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>CITY</b></p> <div style="border: 1px solid black; height: 20px; width: 200px;"></div> <p><b>STATE</b></p> <div style="border: 1px solid black; height: 20px; width: 40px;"></div> <p><b>ZIP CODE</b></p> <div style="border: 1px solid black; height: 20px; width: 100px;"></div>	<p><b>DISTRICT</b> <i>(Abbreviate as needed)</i></p> <div style="border: 1px solid black; height: 20px; width: 150px;"></div> <p><b>OUTPOST #</b></p> <div style="border: 1px solid black; height: 20px; width: 40px;"></div> <p><b>CHURCH PHONE</b> — <b>AREA CODE &amp; NUMBER</b></p> <div style="border: 1px solid black; height: 20px; width: 150px;"></div> <p><b>CHURCH FAX</b> — <b>AREA CODE &amp; NUMBER</b></p> <div style="border: 1px solid black; height: 20px; width: 150px;"></div>
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**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															
CREDIT CARD NUMBER															
EXP. DATE															
															
MO		YEAR													

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**

DEPOSIT TO FCF LEDGER #001.01.256.4149256

# REQUIRED INFORMATION

**Applicant's Full Name**

If "Yes" explain under  
"Remarks and Medical Facts  
We Should Know."

Appendix removed ☐ YES ☐ NO

Special diet required? ☐ YES ☐ NO

Any reaction to drugs or  
medicine of any type? ☐ YES ☐ NO

Remarks and Medical Facts We Should Know:

Diphtheria       /       /       Polio       /       /

**NOTE: IF YOU HAVE RECEIVED EITHER A SPORTS PHYSICAL EXAM OR A CDL PHYSICAL EXAM BETWEEN 7-17- 2003 AND 7-17- 2004, THIS WILL SATISFY THE REQUIREMENT OF ANOTHER PHYSICAL EXAM. PLEASE ATTACH A COPY OF THE EXAM WITH THIS APPLICATION.**

☐ YES ☐ NO

( ) \_\_\_\_\_  
HEALTH PRACTITIONER'S AREA CODE AND PHONE NUMBER

Examination Date

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EFFECTIVE DATE OF COVERAGE

DATE \_\_\_\_\_

**IN CASE OF EMERGENCY  
CONTACT:**