

2012 National Camporama **SCHOLARSHIP APPLICATION**



Thanks to a generous donation from select BGMC donors, the national Royal Rangers office is pleased to announce the limited availability of scholarships to the 2012 National Camporama. Admission with this scholarship fund is \$75 per person.

- Scholarships are limited and are on a first-come, first-serve basis and must use this form to register.
- No transfers are allowed to currently registered attendees of Camporama.
- District rebates will not be offered on scholarship attendees.
- No refunds will be given for those who register at this price.
- Each person will need to complete this form and the "Medical Record and Release Form," found at (<http://agwebsiteservices.org/Content/Resources/Medical%20Record%20and%20Release.pdf>), in order to be completely registered.

There are two payment options available:

Credit Card: In order to help ensure a spot, we recommend you pay (\$75 per person) by credit card by completing this form and faxing it and the "Medical Record and Release Form" to Convention Services at 417-862-7891.

By Mail: Mail this form, along with full payment (\$75 per person), and the "Medical Record and Release Form" to:

A/G Convention Services Group
1445 N. Boonville Avenue
Springfield, MO 65802

Scholarship applications must be postmarked by June 27, 2012. Envelopes postmarked after June 27, 2012, will not be accepted.

Please legibly complete the following information.

| | |
|---|--|
| FULL NAME | |
| COMPLETE ADDRESS | |
| TWO PHONE NUMBERS | |
| DATE OF BIRTH | |
| EMAIL ADDRESS | |
| SHIRT SIZE (please specify youth medium to 3X) | |

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|---|---|
| (FOR CREDIT/DEBIT CARD PAYMENT ONLY) | |
| CARD NUMBER: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | EXP. DATE: <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> |
| <hr/> <p style="text-align: center;">NAME AS IT APPEARS ON CARD (PLEASE PRINT)</p> | |
| <hr/> <p style="text-align: center;">SIGNATURE OF CARDHOLDER</p> | |
| <hr/> <p style="text-align: center;">BILLING ADDRESS (IF DIFFERENT THAN ABOVE)</p> | |
| <hr/> <p style="text-align: center;">BILLING TELEPHONE NUMBER</p> | |
| | <div style="border: 1px solid black; padding: 10px; width: 80px; margin: auto;"> <p style="font-size: 24px; margin: 0;">\$ _____</p> <p style="font-size: 18px; margin: 0;">AMOUNT</p> </div> <div style="text-align: right; margin-top: 10px;"> </div> |