

Camp Directors Meeting Registration Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Other Phone: (____) _____

Email: _____

Please complete the following information:

Camp Information: _____
(What camp are you associated with? – Or indicate none.)

Camp Directors Meeting Cost: (\$75.00 per person – TBM will cover the cost for two persons from each camp that has a Royal Ambassador/Challengers camp.)

Lodging Information: (Lodging Rate: \$40.00 per person per night – 2 persons per room)
(TBM will cover one night lodging (Fri.) and two meals for two persons from each camp.)

Thursday Night: _____ Friday Night: _____ Saturday Night: _____ Total Nights: _____
(Please indicate each night that you plan on staying at the hotel and total number of nights.)

Roommate: _____
(Who do you want to share a room with? – Private rooms are an additional \$40.00 per night.)

Meal Information: (Meals are \$10.00 per person per meal. Breakfast served at the hotel.)
(Please indicate each meal that you plan on attending.)

Friday: Breakfast: Hotel Lunch: _____ Supper: _____

Saturday: Breakfast: Hotel Lunch: _____ Supper: _____ Total Meals: _____

Training Courses: (Please indicate if you are attending one of the training courses)

_____ Level 1 (Basic) Archery Instructor (\$50.00 – includes lunch on Friday)

_____ Level 2 (Intermediate) Archery Instructor (\$75.00 – includes lunch on Thurs. & Fri.)

_____ NRA Range Safety Officer (\$50.00 – includes lunch on Friday)

Training Amount: _____

Total Amount: _____