



2005 NATIONAL CANOE EXPEDITION APPLICATION

FOR OFFICE USE POSTMARKED:
PAID:
BAL. DUE:

PLEASE PRINT

PERSONAL GPH ACCOUNT No. _____
 NAME _____ SPOUSE'S NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 HOME PHONE (____) _____ WORK PHONE (____) _____
 EMAIL _____ DATE OF BIRTH
 DISTRICT _____ OUTPOST # _____ CHURCH DENOMINATION _____

****EMERGENCY CONTACT****

NAME _____ RELATIONSHIP _____
 DAYTIME PHONE (____) _____ EVENING PHONE (____) _____

I AM PERSONALLY ACQUAINTED WITH THE APPLICANT AND, IN MY OPINION, HE IS A COMPETENT AND QUALIFIED YOUTH WORKER.

PASTOR'S SIGNATURE _____ DATE _____

REQUIREMENTS

YOU MUST BE MALE, 18 YEARS OR OLDER, AND IN GOOD HEALTH IN ORDER TO PARTICIPATE IN THE STRENUOUS ACTIVITIES OF THE TRAINING CAMP. THE **HEALTH HISTORY FORM** MUST ACCOMPANY THIS APPLICATION.

DATE AND LOCATION OF THE NATIONAL TRAINING CAMP YOU ATTENDED: _____

TRAINING CAMP SCHEDULE	CAMP DATE	DISCOUNT DEADLINE
1 [] FLORIDA Fort Meade (Camp Wilderness)	August 4-7	JULY 7

REGISTRATION FEES


BECAUSE OF THE LIMITED SIZE AND THE COST OF HOLDING TRAINING CAMPS, A \$50 PRE-REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION. THIS FEE WILL BE APPLIED TOWARD THE TOTAL CAMP FEE OF \$150. IF YOU PRE-REGISTER NO LATER THAN FOUR WEEKS PRIOR TO THE CAMP START DATE, YOU WILL RECEIVE A \$25 DISCOUNT. ENROLL EARLY. LOW ENROLLMENT COULD FORCE CANCELLATION OF THE CAMP. IF THIS OCCURS, THE FEE YOU PAID WILL BE TOTALLY REFUNDED. SHOULD YOU NEED TO CANCEL, YOU WILL RECEIVE A REFUND OF ALL MONIES PAID (MINUS A \$20 ADMINISTRATIVE FEE) IF THE NATIONAL ROYAL RANGERS MINISTRIES OFFICE RECEIVES YOUR WRITTEN NOTIFICATION NO LATER THAN FOUR WEEKS PRIOR TO THE CAMP START DATE. ONCE YOUR APPLICATION IS APPROVED, YOU WILL RECEIVE ADDITIONAL INFORMATION REGARDING THE CAMP.

WALK-INS WILL NOT BE PERMITTED UNLESS PERMISSION IS GRANTED BY THE NATIONAL ROYAL RANGERS MINISTRIES OFFICE.

CARD NUMBER: EXP. DATE:

 NAME AS IT APPEARS ON CARD (PLEASE PRINT)

 SIGNATURE OF CARDHOLDER



Mail this form to: Royal Rangers, 1445 N. Boonville Avenue, Springfield, MO 65802-1894

HEALTH HISTORY FORM NATIONAL ROYAL RANGER TRAINING CAMPS

This entire form must be completed and mailed in with the application. The National Royal Rangers Ministries office has the prerogative to accept or reject any person based upon his/her medical health.

Applicant's Name: (Please Print.)			Birth Date: (mm/dd/yyyy)		
Height:		Weight:		Occupation:	
HEALTH HISTORY	Please answer YES or NO to the following and briefly explain any YES answers under REMARKS below. Use the back of this form, if necessary.				
QUESTION/CONDITION	YES	NO	QUESTION/CONDITION	YES	NO
HEARING DIFFICULTIES?			MEDICAL TREATMENT IN THE LAST YEAR?		
LUNG CONDITION?			HAVE YOU HAD SURGERY IN THE LAST YEAR?		
HIGH BLOOD PRESSURE?			HAVE YOU BEEN EXPOSED TO INFECTIOUS DISEASES IN THE LAST THREE WEEKS?		
ASTHMA/ALLERGIES?			HAVE YOU BEEN EXPOSED TO HEPATITIS IN THE LAST SIX MONTHS?		
FAINTING/DIZZINESS?			DO YOU HAVE ANY DISORDER THAT WOULD PREVENT STRENUOUS ACTIVITY?		
SHORTNESS OF BREATH?			ARE YOU TAKING ANY PRESCRIPTION MEDICATIONS?		
SKIN INFECTIONS?			HAVE YOU HAD ANY ALLERGIC REACTIONS TO ANY TYPES OF DRUGS OR MEDICATIONS?		
VISION PROBLEMS?			SINUS CONDITION?		
DO YOU WEAR CONTACTS?					

REMARKS AND MEDICAL FACTS WE SHOULD KNOW IN CASE OF EMERGENCY:

Give Latest Date of Inoculation or Vaccination Against the Following:	Tetanus	Small Pox	Measles	Typhoid	Diphtheria	Polio
---	---------	-----------	---------	---------	------------	-------

I know of no physical reason that would restrict me from participation in camp activities.

Applicant's Signature _____ Date _____