

2012 SCOUTING CONFERENCE REGISTRATION FORM

(Registration can also be completed online at www.vac-bsa.org)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

District _____ Pack# _____ Troop# _____ Crew# _____

Primary Registered Position _____

E-mail Address _____

I would like to attend the following sessions: *(Please indicate both a first and second choice for each session. While every effort will be made to place you in your first session choice, class size may dictate scheduling changes. Consider leaving an open period to allow time to visit the Midway. If you are an instructor for one or more periods, please mark the appropriate period on your registration.)*

SESSION	# 1 9:00 AM	# 2 10:00 AM	# 3 11:00 AM	LUNCH Noon–12:55	# 4 1:00 PM	# 5 2:00 PM	# 6 3:00 PM	Closing 4:00 PM
FIRST CHOICE								
SECOND CHOICE								

Registration Fee: \$10.....\$ _____

My course selections have additional fees as listed in course catalog.....\$ _____

I would like to purchase a boxed lunch for \$8.....\$ _____

TOTAL ENCLOSED \$ _____

I would like to be contacted about overnight accommodations

Payment Methods:

Make check payable and send to:

**Voyagers Area Council
3877 Stebner Road
Hermantown, MN 55811**

**Fax: 218-729-6559
vacbsa@scouting.org
register online at:
www.vac-bsa.org**

Or Pay by Credit Card: Card # _____ Exp _____

Signature: _____