

# 2008 CAMP CABARET CONFERENCE REGISTRATION

Please use one form per participant. You may make as many copies as needed. Return registration and payment no later than **Friday, October 3, 2008**. Conference begins Friday, October 10 and ends Sunday, October 12. Some sessions fill fast, so register early. Confirmation statements will be sent out as registrations are received.

Fax your registration with credit card information to 763-535-7524, or mail with payment to: 5601 Brooklyn Blvd, Brooklyn Center, MN 55429.

Personal Information			
Name:	Nametag (first, last name):		
Address:	City:	State:	Zip:
Home Phone: (     )	Work Phone: (     )		
Service Unit:	E-mail address:		
Workshop Choices			
Indicate your workshop choices with 1 for first choice, 2 for second choice.			

## SATURDAY SESSIONS

### SESSION 1

**A1 9 a.m. – noon**

\_\_\_ Leadership Essentials -  new leader

**B1 9 – 10:30 a.m.**

\_\_\_ Beading

**C1 9 – 10:30 a.m.**

\_\_\_ Cover Your Assets

**D1 9 – 10:30 a.m.**

\_\_\_ Girls Cook In

### SESSION 2

**A2 9 a.m. – noon**

\_\_\_ Leadership Essentials -  returning leader

**B2 10:45 a.m. – 12:15 p.m.**

\_\_\_ Crafts on a Budget

**C2 10:45 a.m. – 12:15 p.m.**

\_\_\_ Ceremonies

**D2 10:45 a.m. – 12:30 p.m.\***

\_\_\_ Girls Sleep In

*\*will run long*

### SESSION 3

**A3 1:30 – 4:45 p.m.**

\_\_\_ Leadership Essentials -  new leader

**B3 1:30 – 3 p.m.**

\_\_\_ Etched Glass

**C3 1:30 – 3 p.m.**

\_\_\_ Games 4 Girl Scouts

**D3 1:30 – 4:45 p.m.**

\_\_\_ Girls Cook Out

### SESSION 4

**A4 1:30 – 4:45 p.m.**

\_\_\_ Leadership Essentials -  returning leader

**B4 3:15 – 4:45 p.m.**

\_\_\_ Girls Go Green

**C4 3:15 – 4:45 p.m.**

\_\_\_ Beyond Door to Door

**D4 1:30 – 4:45 p.m.**

D3 Girls Cook Out

Please complete other side of form, including payment information. Your registration will not be processed without payment.

**Name:** \_\_\_\_\_

**Meals & Special Requests**

All meals are included in your registration fee. We need to know how many people to prepare for at each meal, please indicate which meals you will be attending.

Friday Snack     Saturday Breakfast     Saturday Lunch     Saturday Dinner     Sunday Breakfast  
 I prefer vegetarian (no meat) meals.

I have specialized dietary requirements. I will bring my own food and store it in a designated location.

Food Allergies: \_\_\_\_\_

**Accommodation Preference** (Rank choice 1 = first choice, 2 = second choice, etc.)

Platform Tent     Cabin     Program Center

If you prefer to be in a specific camp unit/building or placed with a buddy or members of your service unit and/or service center, list: \_\_\_\_\_

Any other special needs: \_\_\_\_\_

**I give my permission for the following:**

The adult in charge of an activity may obtain emergency medical treatment on my behalf at a hospital/medical center.  
Insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date of last Tetanus shot:    /    /   

I have the following health conditions/allergies (food and medications):  
 Asthma     Diabetes     Headaches     Seizures     Other: \_\_\_\_\_  
 Heart Condition (specify): \_\_\_\_\_     Allergies (specify): \_\_\_\_\_

Please list any medications that should be considered in an emergency situation:  
Name of medication: \_\_\_\_\_ dose: \_\_\_\_\_ reason for taking: \_\_\_\_\_  
Name of medication: \_\_\_\_\_ dose: \_\_\_\_\_ reason for taking: \_\_\_\_\_  
Name of medication: \_\_\_\_\_ dose: \_\_\_\_\_ reason for taking: \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (    )    Cell: (    )    Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registration Fees and Grant Information**

I am a (check if applicable):  Trainer     Planning Committee Member

<input type="checkbox"/> I would like Adult Grant Assistance	Full Weekend Conference Fee: <b>\$40</b> _____
Total amount due: _____	<b>OR</b> Saturday Only Fee: <b>\$30</b> _____
Amount I can pay (must include a \$5 non-refundable deposit): _____	Register before September 29: <b>-\$5</b> _____
Total grant requested: _____	Less grant requested: _____
(Grant requests cannot be submitted online)	<b>AMOUNT ENCLOSED:</b> _____

**Method of Payment:**

Check or money order payable to River Valleys     Charge my credit card  
Credit Card Type:  Visa     Discover     MasterCard    Amount to Charge: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_    Expiration Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_    Signature: \_\_\_\_\_

**Please send payment with registration form.** When your registration is processed you will receive a confirmation statement in the mail, that includes your workshops and meals. Payment and registrations must be received no later than **October 3, 2008**. All cancellations must be in writing and received no later than Friday, October 3 to receive a refund. No refunds will be given after October 3.