



Sponsored by:
 Minnesota Royal Rangers
 1315 Portland Ave S
 Minneapolis MN 55404
 (612) 332-2409

2019 Boy's Statewide Campout
 The Woods at Lake Placid Camp- Pillager, MN
May 17-19, 2019

Church Pre-Registration Cover Sheet

Church _____ Date _____
 Address _____ Church Leader _____
 City _____ E-mail _____
 State _____ Zip _____ Outpost Number (if applicable) _____
 Chartered Yes No

If mailing form, please include pre-registration payment. If emailing form, please submit pre-registration payment within 7 days of email.

- 1. We plan to bring the following number to this year's Statewide Campout:** Credentialed
 ___ Grades K-2 ___ Grades 3-5 ___ Grades 6-8 ___ Grades 9-12 ___ Leaders/Adults ___ Pastors ___
Total number of people _____
- 2. T-shirts are included in the registration fee. Give total number of each size T-shirt size for your Outpost:**
 ___ YS ___ YM ___ YL ___ S ___ M
 ___ L ___ XL ___ 2XL ___ 3XL ___ 4XL
(This number should match total number of people) Total number of shirts _____

Early Registration Discount Before April 12th 2019:

Chartered Outposts & Non Ranger Churches:
 ___ People x \$55.00 = \$ _____
 (except Pastors) Total due: \$ _____
 Minimum \$15 per camper: = \$ _____
Amount enclosed : \$ _____

Non-Chartered Ranger Churches:

___ People x \$70.00 = \$ _____
 (except Pastors) Total due : \$ _____
 Minimum \$15 per camper: = \$ _____
Amount enclosed : \$ _____

Upon Arrival:

Chartered Outposts & Non Ranger Churches:
 ___ People x \$70.00 = \$ _____
 (except Pastors) Total due: \$ _____
Amount enclosed : \$ _____

Non-Chartered Ranger Churches:
 ___ People x \$85.00 = \$ _____
 (except Pastors) Total due : \$ _____
Amount enclosed : \$ _____

We are in need of volunteers to run certain events throughout the camp. Please indicate how many volunteers your church would be willing to provide for the following event:

Skill-o-Rama: _____ (During Sat. Morning) Meal Cleanup: _____ (After Sat. PM Meal)
 Meal Serving: _____ (During Sat. PM Meal) Games: _____ (Sat. Afternoon Activities)
 Other: _____ (Unforeseen Needs)

Email this form to: pastor.al@nlagcokato.com or mail this registration form and check:
 MN SWC Registration Coordinator

190 Johnson Avenue
 Cokato MN 55321
 Attn: Pastor Al Jones

FOR OFFICIAL USE ONLY		
Date: _____	Check No: _____	Amount: _____