



Central Georgia Council, BSA
University of Scouting!
Saturday, January 20, 2018
Trinity United Methodist Church
129 South Houston Rd., Warner Robins, GA 31088



Submit registration form in person at the Scout Service Center, mail to the Central Georgia Council at 4335 Confederate Way, Macon, GA 31217 or by fax if paying by credit card; please see below.

Registration Form must be received by January 17, 2018 for food order.

Fee is \$15 for Youth/Adult if received by January 20, 2018

You may fax in the registration only if paying by credit card; please see below.

Phone:478-743-9386 Fax: 478-745-2686.

Please complete a separate form for each person and this includes scouts. Please print clearly!!

Name: _____ Unit # _____ District _____

Address: _____ Phone _____ - _____ - _____

_____ Zip: _____ E-Mail _____

Session	#1 Choice	#2 Choice	#3 Choice
9:00 AM – 9:50 AM			
10:00 AM – 10:50 AM			
11:00 AM – 11:50 AM			
1:00 PM – 1:50 PM			
2:00 PM – 2:50 PM			
3:00 PM – 3:50 PM			

Choose your course selections from the schedule. If a class lasts for two periods, you must sign up for the entire session. Classes will be filled on a first-come-first-served basis. Class sizes require a minimum of 5 people and a maximum of 20, unless otherwise specified. Our most popular sessions fill up quickly, so get your registration in early! Course offerings will be based on pre-registration.

Payment must accompany the registration. Your payment may be made using a credit card by filling in the information below. Instructors of classes are not required to pay the registration fee, but will need to pay the \$11.00 for food if eating the catered meal.

\$15 Registration Fee \$ _____

\$11 Lunch catered by Fincher's BBQ \$ _____

(includes meats, sides, dessert, and drink)

Total: \$ _____

Payment or credit card information must accompany the registration form:

You may fax your registration **only** if you are paying by Credit Card (Visa or Master Card).
 The fax number is 478-745-2686.

Circle one: Visa Master Card Discover Expiration Date: _____

Card Number: _____

Signature: _____