



National Sojourners, Inc.

SoCAL - CAMEL CORPS

February 23 – 24, 2020



REGISTRATION FORM

PERSONAL INFORMATION

Member's Last Name:	First:	Rank/Branch:	Wife's Name:
Address: [Address/ P.O Box, City, ST ZIP Code]			
Email Address:	Home Phone No.:	Cell Phone No.:	

CHAPTER / CAMP INFORMATION

Chapter Name/Number:	Camp Name:	
Current Chapter/Camp Title:	National Title:	
Past President? <input type="checkbox"/> Yes <input type="checkbox"/> No	Past Commander? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Time Attending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Lady a Camp Follower? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would she Like to Become a Camp Follower? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REGISTRATION

Event	No. Attending	Prior to 01-24-18	TOTAL	<i>Late Fee of \$25.00 will be added if received on or after 01-24-20</i>
Registration Fee – Sun & Mon (Members Only):		\$40.00		
Continental Breakfast on Monday (at Shrine):		\$10.00		
Lunch on Monday (at Shrine):		\$15.00		
Banquet on Monday (at Hotel):		\$35.00		
<i>Late Fee (if RCVD on or after 01/24/20)</i>		<i>\$25.00</i>		
<i>NOT Staying at Don Laughlin's Riverside Hotel</i>		<i>\$50.00</i>		
TOTALS				

DON LAUGHLIN'S RIVERSIDE RESORT HOTEL AND CASINO 1650 S CASINO DR, LAUGHLIN, NV 89029

HOTEL RESERVATIONS: (800) 227-3849, OPTION 1 RV RESERVATIONS: (800) 227-3849, OPTION 5

DO NOT FORGET TO MENTION "CAMEL CORPS"

\$50.00 FEE WILL BE ADDED TO YOUR REGISTRATION FOR THOSE NOT STAYING AT DON LAUGHLIN'S RIVERSIDE RESORT HOTEL AND CASINO

Registered at Riverside Resort and Casino? Yes No RV/Motor Home at Riverside Resort and Casino? Yes No

Make Checks / Money Orders Payable to "SoCAL Area"

Download Registration Form at: www.camelcorps.org

Mail Registration Form and Check to:

**SoCAL Area Secretary
Thomas R. Derby
PO Box 817**

Lake Forest CA 92609-0817

Email: fubijam@aol.com

H: (949) 829-6802

C: (949) 887-1835

**Room Rate:
\$49.00 Per Night + \$10.00 Resort Fee**

DO NOT WRITE BELOW

Date Received by SoCAL Secretary:	Check / Money Order No.:	Amount Received:	Date Deposited by SoCAL Treasurer: