

STAFF Registration Form

PLEASE PRINT ALL INFORMATION: (One person per form; duplicate as needed)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Unit Type \_\_\_\_\_ Unit Number \_\_\_\_\_ Scouting Position: \_\_\_\_\_

District: \_\_\_\_\_ Council: \_\_\_\_\_

# Years Scouter: \_\_\_\_\_ # Universities Attended: \_\_\_\_\_

**ALL-STAFF MEETING:** January 19, 2010, 7 pm  
Cockrell Scout Center  
Loop 610 & East TC Jester

**University Set-up:** Friday, February 12, 2010, 5-9 pm

My STAFF position is:

Registration     Heritage-Midway     Promotion     Facilities

Instructor for Sessions-Course: \_\_\_\_\_

It may be possible for you to take a class or two if you have time after fulfilling your staff obligations. If so, please stop by Registration and select a class from the available sessions in the period(s) you have free -- or list choices below. **COURSE CATALOG is downloadable at [www.samhoustonbsa.org](http://www.samhoustonbsa.org).**

Check if teaching    Lunch should be schedule at Period 3 or Period 4.

Period 1: Session \_\_\_\_\_

Period 2: Session \_\_\_\_\_

Period 3: Session \_\_\_\_\_

Period 4: Session \_\_\_\_\_

Period 5: Session \_\_\_\_\_

Period 6: Session \_\_\_\_\_

STAFF REGISTRATION:

**Adult registration** - one person per form  
(lunch not included)

\$14.00

**Lunch** - proceeds benefiting MacArthur High

\$8.00 Prepaid - lunch not guaranteed  
unless prepaid

**Youth conference staff registration** (includes lunch)

\$14.00 by February 5<sup>th</sup>

TOTAL ENCLOSED: \$ \_\_\_\_\_

FOUR WAYS TO REGISTER:

No online registration this year.

Mail, Fax, Email, or Deliver registration form & payment to Cockrell Scout Center.

Email (credit card only): [donna.burke@shac.org](mailto:donna.burke@shac.org)

Fax (credit card only): 713-865-9125  
ATTN: Donna Burke

Mail to: Sam Houston Area Council  
2010 University of Scouting  
P.O. Box 924528  
Houston, Texas 77292-4528

Cash (over counter only) \$ \_\_\_\_\_

Check enclosed for \$ \_\_\_\_\_  
Make payable to Sam Houston Area Council,  
Account Number 1-6801-961-20

Charge \$ \_\_\_\_\_ to Credit Card  
# \_\_\_\_\_

Check one:  VISA     MC     AMEX     DISC

Expiration date: \_\_\_\_\_

Card holder name: \_\_\_\_\_

Signature: \_\_\_\_\_ *not required if emailed*