2004 NATIONAL FCF RENDEZVOUS

Application

July 12-16, 2004 — Eagle Rock, Missouri

FOR NATIONAL OFFICE USE ONLY	
CASH $ _____	DIST. CHECK $ _____
VISA $ _____	PER. CHECK $ _____
MASTERCARD $ _____	CH. CHECK $ _____
DISCOVER $ _____	TOTAL $ _____
Date Rcv'd: ____/____/____	*Date Processed:* ____/____/____

REGISTRATION FEE:

- **$60** – **Old Timers** — if postmarked *on or before* ***June 19, 2004***
- **$50** – **Young Buck**— if postmarked *on or before* ***June 19, 2004***

- **$75** – **Old Timers** — if postmarked *after* ***June 19, 2004***
- **$60** – **Young Buck**— if postmarked *after* ***June 19, 2004***

REGISTRATION FEE COVERS THE FOLLOWING:

- **(1) One Rendezvous T-shirt**
- **(2) Two Rendezvous Patches**
- **(1) One Rendezvous Cap**
- **(1) One Rendezvous Registration Medallion**

LAST NAME *(please print)* MIDDLE INITIAL FIRST NAME

DATE OF BIRTH MO DAY YEAR

CHECK IF 18+ ☐

MAILING ADDRESS *(Street or R.F.D.)*

HOME PHONE NUMBER + AREA CODE

CITY STATE

WORK PHONE NUMBER + AREA CODE

ZIP CODE

FAX NUMBER + AREA CODE *(if available)*

COUNTRY E MAIL ADDRESS *(if available)*

Check if you are an FCF Member: ❑

CHAPTER NAME

STOP HERE

if you are not an FCF Member in good standing with your Chapter. Please do not call and ask for a waiver or special request. You must meet the minimum membership requirements to attend the National Rendezvous.

CHURCH NAME

DISTRICT *(Abbreviate as needed)* OUTPOST #

CHURCH ADDRESS *(Street or R.F.D.)*

CHURCH PHONE — AREA CODE & NUMBER

CITY STATE ZIP CODE

CHURCH FAX — AREA CODE & NUMBER

T-SHIRT INFORMATION: *(Adult sizes only)* Check one: ❍ M ❍ L ❍ XL ❍ XXL ❍ XXXL

METHOD OF PAYMENT

The registration fee can be paid by an adult by check or by credit card.

TOTAL REGISTRATION FEE PAID $

❍ CHECK ENCLOSED Individual checks must include: current address, place of employment, and driver's license number.

❍ CREDIT CARD If paying via credit card, include the following information here: ❍ VISA ❍ MasterCard ❍ DISCOVER

CARD HOLDER'S NAME

CREDIT CARD NUMBER

EXP. DATE MO YEAR

✗ CARD HOLDER'S SIGNATURE

CARD HOLDER'S ADDRESS

CARD HOLDER'S PHONE NUMBER (_____) _____

Please list other registrants being paid for by this charge: _____

REGISTRATION POLICY: Complete the 2004 National Rendezvous Application, Signed Medical Form along with Registration fee and send to: **National Royal Rangers Office, 1445 N. Boonville Avenue, Springfield, MO 65802-1894**

DEPOSIT TO FCF LEDGER #001.01.256.4149256

Medical Record

REQUIRED INFORMATION

GENERAL INFORMATION: ***A sports physical examination by a health practitioner with his/her signature is required for participation at the National 2004 Rendezvous. The National Royal Rangers office has the prerogative to accept or reject any person based upon his medical health.***

Applicant's Full Name

Health History

To be completed by the health practitioner.
Has the applicant experienced the following?
Check either "Yes" or "No."
If "Yes" explain under "Remarks and Medical Facts We Should Know."

Sinus condition	❍YES ❍NO	Shortness of breath	❍YES ❍NO	Exposed to infectious:	
Ear problem	❍YES ❍NO	Skin infection	❍YES ❍NO	Disease past 3 weeks	❍YES ❍NO
Lung problem	❍YES ❍NO	Hearing difficulty	❍YES ❍NO	Hepatitis past 6 months	❍YES ❍NO
Heart trouble	❍YES ❍NO	Bad eyesight	❍YES ❍NO	Any disorder preventing strenuous activity?	❍YES ❍NO
High blood pressure	❍YES ❍NO	Wear contact lenses?	❍YES ❍NO	Taking prescription medicine?	❍YES ❍NO
Allergy-Asthma	❍YES ❍NO	Any medical care in past year?	❍YES ❍NO	Any reaction to drugs or medicine of any type?	❍YES ❍NO
Fainting or dizzy spells	❍YES ❍NO	Any surgery within past year?	❍YES ❍NO		
Diabetes	❍YES ❍NO	Special diet required?	❍YES ❍NO		
Appendix removed	❍YES ❍NO				

Food or drug allergies _____

I am currently taking following medications _____

Remarks and Medical Facts We Should Know:

_____

Give latest date of inoculation or vaccination against following:

Tetanus ____ / ____ / ____ Small Pox ____ / ____ / ____

Measles ____ / ____ / ____ Typhoid ____ / ____ / ____

Diphtheria ____ / ____ / ____ Polio ____ / ____ / ____

Physical Examination

Health practitioner, please note: Applicants attending the National FCF Rendezvous are exposed to hot, strenuous activity. Therefore, the applicant must be physically able and strong enough to engage in such activity. Your signature below indicates the applicant is physically capable of attending this event.

NOTE: IF YOU HAVE RECEIVED EITHER A SPORTS PHYSICAL EXAM OR A CDL PHYSICAL EXAM BETWEEN 7-17- 2003 AND 7-17- 2004, THIS WILL SATISFY THE REQUIREMENT OF ANOTHER PHYSICAL EXAM. PLEASE ATTACH A COPY OF THE EXAM WITH THIS APPLICATION.

In your opinion, is the applicant physically able to attend?

❍YES ❍NO

HEALTH PRACTITIONER'S NAME (Please Print)

HEALTH PRACTITIONER'S ADDRESS

CITY STATE ZIP

(_____) _____

HEALTH PRACTITIONER'S AREA CODE AND PHONE NUMBER

✗ _____

Health Practitioner's Signature **Examination Date**

IN CASE OF EMERGENCY CONTACT:

LAST NAME *(please print)* FIRST NAME RELATIONSHIP

MAILING ADDRESS DAYTIME CONTACT PHONE NUMBER + AREA CODE

CITY STATE EVENING CONTACT PHONE NUMBER + AREA CODE

ZIP CODE HEALTH INSURANCE COMPANY'S PHONE NUMBER

HEALTH INSURANCE COMPANY'S NAME

POLICY NUMBER CERTIFICATE NUMBER EFFECTIVE DATE OF COVERAGE

Parent/Legal Guardian Consent: The signature of a parent or legal guardian is required for a minor to attend the 2004 National Rendezvous at Eagle Rock, MO, July 12-16, 2004. The parent's or legal guardian's signature below indicates: Permission to administer medical attention to the minor in the event of a medical emergency.

PRINT COMPLETE NAME OF MINOR ✗ PARENT/LEGAL GUARDIAN SIGNATURE DATE

Applicant Signature: Signature is required to attend the 2004 National Rendezvous at Eagle Rock, MO, July 12-16, 2004 and indicates permission to administer medical attention in the event of a medical emergency.

PRINT COMPLETE NAME OF APPLICANT ✗ APPLICANT SIGNATURE DATE

DJ-030203