

YOUTH - Branch Registration Information

Date: _____

Unit Name & Number: _____

Address: _____

City/State: _____

Telephone: _____

E-Mail: _____

FAX: _____

Branch Assessment Fee: Per normal procedure, each Branch will be assessed a Fee of **\$50.00** to offset the administrative cost of hosting the State Conference. Each Branch President/Secretary is requested to remit the fee upon arrival at the conference.

NAME		POSITION	Registration Only	Registration & Meals	TOTAL
	*Type		\$10	\$25	
TOTAL AMOUNT ATTACHED					

*Type: **D** – Delegate **A** – Alternate **O** – Observer