



SAL CONVENTION CAMPOUT | 2011

Name _____ Squadron _____

Are you an officer _____ What is your position _____

Phone # _____ Email address _____

Spouse _____

Child name _____ Age _____ Child name _____ Age _____

Child name _____ Age _____ Child name _____ Age _____

Camping arrangements

MH ___ Trailer ___ 5th wheel ___ Size ___ Tent ___ Space requested? _____

Special needs _____

Allergy to foods _____

Please fill out the form for each family attending so there will be an accurate account of information for food preparation.

The prices are as follows:

(For the weekend, includes all meals and camping)

Single \$30.00

Family \$45.00

Amount enclosed _____

(For Saturday only, includes meals and activities)

Single \$15.00

Family \$25.00

Amount enclosed _____

Mail To:

Detachment of Washington

P.O. Box 580

Blaine, WA. 98230