



2019 VENTURING BIATHLON REGISTRATION

January 25 – 27, 2019 at Camp Gorton, Tyrone NY

Complete all Information Requested and Return Form with Fees to the Address Below or Register and Pay On-line at <https://tinyurl.com/frcvoabi19>

THIS EVENT IS ONLY FOR VENTURING YOUTH, BOY SCOUTS 14+, THEIR PARENTS, AND CREW LEADERS!

Registration: Individual or Unit Crew/Ship #: _____ District: TB WR IW AN O/C - Name: _____

- I/We will arrive Fri. evening to take the REQUIRED Firearms & Range Safety Orientation!
- I/We have already taken the NRA Training & have proof for each participant attending!
- I/We understand a current BSA Medical is required to be in the possession of the individual or unit upon arrival!

Name or Unit Contact Person: _____ Unit Position: _____

Address/City/State/Zip: _____

Hm. Phone: {____} _____ Wk. Phone: {____} _____ Cell Phone: {____} _____

PRINTED Email Address: _____

If Unit Reg. - List Names of All Youth & Adults - Fees are Non-refundable AFTER Sat., Jan 18th , 2019!

Note: 2 Adults Min. - 1 Registered in the Unit! If Female Youth not yet 21, One Adult Must be Female!

Name	Y/A	Age	Gender	Medical only Dietary Allergies or Restrictions - {Peanuts/Gluten, Etc.}
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____

LIST ADDITIONAL NAMES ON REVERSE SIDE OR USE EXTRA SHEET

All Shooters **MUST** have completed the NRA Firearms & Range Safety Orientation or HIGHER Training - **NO EXCEPTIONS!** Option to complete this on Fri. Evening! **ANY** youth under 18 years old, a parent shooting sports

permission form **MUST** be returned with this registration form or provided at check in time - **NO EXCEPTIONS!**
Form & Fees **MUST** be received by 5 pm, Fri., Jan. 18th, 2019. Event will close & **NO Refunds** after this date!

Fees Before Fri 1/4/19 # ___ Yth. & # ___ Adults x \$50 = Total \$ _____

Fees On or After Fri., 1/4/19 to 1/18/19 # ___ Yth. & # ___ Adults x \$60 = Total \$ _____

Registration DEADLINE January 18, 2019

Payment ___ Check Enclosed ___ Charge Unit Acc. - Five Rivers Council Units **ONLY!**

Method: ___ Credit Card Charge # _____ - _____ - _____ - _____ Exp. Date: ___/___

Mail Form & Fees to: FRC VOA Biathlon, 3300 Chambers Rd., Suite 5190, Horseheads, NY 14845

Questions: Ross Willmot – FRC VOA Staff Advisor 570-423-9326 ross.willmot@scouting.org
Jim Griffin - Shooting Sports Cmte. Chr. 607-292-3227 jgriff1@roadrunner.com



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