## Use Only For ALUMNI CAMPER RESERVATION

<u>To be completed by Parent or Guardian – Copy as needed</u>

## LEGIONVILLE SCHOOL SAFETY PATROL TRAINING CENTER

## REQUEST FOR $\underbrace{ALUMNI~CAMPER}_{ENROLLMENT}$ RESERVATION and

## SEND COMPLETED FORM AND CHECK TO:

Legionville The American Legion 20 W. 12<sup>th</sup> St., Room 300A St. Paul, Minnesota 55155

	_
Legion Post No	
Auxiliary Unit No	
SAL Squad No	
Legion District No	
Bus Group (if applicable)	

I request a reservation for		from	in			
I request a reservation for(Na	ime of Camper)		(School)	(Town)		
as an ALUMNI CAMPER for this sum	imer. I understand that i	in order to be elig	gible to be an ALUMN	NI CAMPER, they must have		
attended Legionville within the last 3 y		daughter attende	ed/ would have attended	ed Legionville the summer of		
PLEASE MAKE CHECKS PAYABLI	E TO LEGIONVILLE.					
Enclosed is our remittance of \$	in registr	ration fee(s) at \$	<b>350.00</b> for each st	udent.		
We prefer our son/daugh	nter attend the	session.	Our alternate choice	is the session.		
We prefer our son/daughter attend the session. Our alternate choice is the session.  Please note - Session 7 is not available for ALUMNI CAMPERS.  Session 3 is reserved exclusively for ALUMNI CAMPERS						
with activities specifically for them.						
If your son/daughter would like to attend one of the other sessions as an ALUMNI CAMPER, they would						
	ame activities and cl					
	Alumni registration			ed Legionvine.		
** PLEASE NOTE - A minim If 13 alumni campers are not s						
•						
We understand that reservations for preferred sessions will be on a First Come – First Served basis.						
Please send registration material and	d information to:	Phone 1	Number	<del>-</del>		
Parent/ Guardian Name		Alterna	te phone number _			
Address		Summe	r phone no.			
		E-Mail				
City – State – Zip						
CANCELL ATION DOL	ICV					
CANCELLATION POLICY - We agree that if we fail to advise of the cancellation of a reservation at						
<u>least two weeks in advance of the opening date of sessions confirmed, we will forfeit the amount of \$350.00</u> per enrollment cancelled, unless a substitute is in attendance at this session.						
per enronment cancened, ur	ness a substitute is in a	ittendance at tin	s session.			
We understand that The American Leg least two weeks before the opening of						
For the alumni camper(Name of C		Signed				
(Name of C	amper)	-	(Parent/Gu	ardian)		
Dated: Address						

This form does NOT constitute the registration. The official registration cards and other material will be mailed after receipt of this certificate. Registration of each student must then be completed and sent to the above address not later than two weeks prior to the assigned session.