

TEXAS DIVISION, CHILDREN OF THE CONFEDERACY

INVITE YOU TO ATTEND OUR 2010

72nd ANNUAL TEXAS DIVISION CONVENTION

MAY 28 - 30, 2010

FOREST GLEN CAMP (WWW.FORESTGLEN.ORG)

34 FOREST GLEN, HUNTSVILLE, TEXAS 77340

FLAT RATE: CHILDREN \$40, ADULTS \$80

PRICE INCLUDES LODGING AND MEALS

\$20 DEPOSIT (EACH) BY APRIL 10, 2010

FINAL PAYMENT DUE MAY 10, 2010

ARRIVAL WILL BE FRIDAY EVENING. THERE WILL NOT BE A MEAL PROVIDED ON FRIDAY. THREE MEALS ON SATURDAY AND BREAKFAST ON SUNDAY ARE INCLUDED IN PRICE.

The camp has a pool and a "BLOB". Final schedule will follow soon. I have had requests to do a "Talent Night", with an option to perform Non WBTS musical, etc. material. ALL material must be reviewed for approval. If the older kids would like to do the "Ropes Challenge" we will need a number and it is available for additional fee (Silent Auction proceeds could cover the cost).

Convention Registration – Form 1

TEXAS DIVISION, CHILDREN OF THE CONFEDERACY

72nd ANNUAL TEXAS DIVISION CONVENTION

MAY 28-30, 2010

Forest Glen Camp – Huntsville, TX

One form per Family/Group

REGISTRATION FORM - Fees

FAMILY OR CHAPTER	COST PER PERSON	NUMBER ATTENDING	TOTAL
REGISTRATION FEE	\$2.00	____x \$2.00	\$_____

(All Convention Attendees – must be registered)

TOTAL # CHILDREN _____	\$40.00	____x \$40	\$_____
TOTAL # ADULTS _____	\$80.00	____x \$80	\$_____

Please send a deposit of \$20 per person + \$2 registration fee. We may have a limited number of overnight slots. The earlier we get a number the easier it is to add slots at the camp. The camp is not too far from Huntsville for folks that prefer hotel accommodations.

DEPOSIT DUE: APRIL 10, 2010

Final Payment MAY 10, 2010

laurie.bloomquist@yahoo.com

Send to Laurie Bloomquist – **1803 North Dr., Taylor, TX 76574**

Total \$_____ - Deposit _____ = Final Payment _____

Convention Registration - Form 2

Checks payable: 2010 CofC Convention Fund

Mail to Laurie Bloomquist, Convention Registration

1803 North Dr., Taylor, TX 76574

Name : Last	First	Middle Initial
Address	City	State, Zip
Phone: ___-___-_____	Email:	
PLEASE COMPLETE:	CHAPTER CITY	OFFICE
CofC		
Chapter Name		
Division		
General		
First Convention	Yes_____	
UDC	CHAPTER CITY	OFFICE
Chapter Name		
District	No._____	
Division		
Ex Division Director?	Yes_____	
General		
SCV	CAMP CITY	OFFICE
Camp Name		
Division		
Other Group		
Chapter		
CofC Alumni	Yes_____	Past President?_____
Special Guest	Yes_____	

PLEASE COMPLETE this FORM and ATTACH for EACH CONVENTION ATTENDEE