

LEGIONVILLE SCHOOL SAFETY PATROL TRAINING CENTER

REQUEST FOR RESERVATION and ENROLLMENT

!! ORIGINAL !!

SEND ORIGINAL AND CHECK TO: Legionville
The American Legion
20 W. 12th St., Room 300A
St. Paul, Minnesota 55155

Legion Post No.	_____
Auxiliary Unit No.	_____
Legion District No.	_____

The _____ at _____ assume
(Name of Sponsor) (Location)

leadership and will follow through in sponsorship of: _____ **boys and** _____ **girls** for one week of training at Legionville.

Patrol members will be from _____
(Name of School/s)

PLEASE DRAW CHECKS PAYABLE TO LEGIONVILLE.

Enclosed is our remittance of \$ _____ in registration fee(s) at **\$180.00** for each student.

Session 1 will not be available as an option until Sessions 2 through 9 are filled.

We prefer that _____ Boy(s) attend the _____ session. Our alternate choice is the _____ session.

We prefer that _____ Girl(s) attend the _____ session. Our alternate choice is the _____ session.

We understand that reservations for preferred sessions will be on a First Come – First Served basis.

Please send registration material to our **Chairman:** _____
(Name)

(Street)

(Town)

(Zip Code)

Phone Number _____ - _____ Alternate phone number _____ - _____ Summer phone no. _____ - _____

This person is authorized to facilitate the completion of registration forms, transportation arrangements, and other details on behalf of the parents and sponsors.

We understand that standby substitutes are recommended to be available in case of emergency cancellations. We agree that if we fail to advise of cancellations of reservations at least two weeks in advance of the opening date of sessions confirmed, we will forfeit the amount of \$180.00 per enrollment cancelled, unless a substitute is in attendance at this session.

We understand that The American Legion reserves the right to cancel reservations for failure to submit completed registration forms at least three weeks before the opening of the reserved session, or for failure to comply with regulations set forth in the folder.

To the best of our knowledge, our patrol members have not previously attended Legionville, and will be serving on their school patrol during the next school year. ONLY patrol members whose birth date falls between SEPTEMBER 1, 1995 and SEPTEMBER 1, 1999 will be eligible to attend the Training Center program.

We agree that any exception to the above or to the training center plans, as advertised, must be agreed to in writing, and that the Training Center Administrator cannot accept verbal agreements as binding.

For the _____ Signed _____
(Name of Organization) (Name and Title)

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.