



2010
PIEDMONT-APPALACHIAN
COLLEGE OF COMMISSIONER SCIENCE
REGISTRATION FORM

NOTE: If April 30th HAS PASSED AND YOU NEED TO REGISTER,
CALL HULIC RATTERREE AT 803-327-0731 or 803-517-4766

PLEASE PRINT OR TYPE

Name _____ Name Called _____
Name as you would like it to appear on your certificate: _____
Address: _____
City _____ State _____ Zip Code _____
Home Phone () _____ Work Phone () _____ Fax Number () _____
E-Mail Address _____
Sex: Male _____ Female _____
Emergency Contact _____ Phone () _____
Are you attending with your spouse? Yes _____ No _____ Name of Spouse _____
Number of additional guests _____ Names _____
Your Council Name (not the name of your district) _____
In what Scouting position are you currently registered? _____
Prior attendee of PACCA? Yes _____ No _____ Year _____ Program Completed _____
Do you have any physical needs, disabilities or requirements? If so, please describe how the staff can help accommodate your needs. _____
Do you have a specific request for a roommate? If so, please state their name. _____

Select area in which you wish to be enrolled:

- ___ Bachelor of Commissioner Science (1st Year) *
- ___ Master of Commissioner Science (2nd Year) **
- ___ Cub and Boy Scout Roundtable/Huddle Program (Any Year)
- ___ Candidate for Doctor of Commissioner Science (3rd Year) ***
- ___ Doctor of Commissioner Science (4th Year) (Receiving your degree & neckerchief this year)
- ___ Postgraduate Studies (Certificate) (Prerequisite: Completion of Masters Program)
- ___ Staff (serving on staff and attending classes) Which staff are you serving on? _____
- ___ Staff Only

*If you have not attended PACCS, but have finished the requirements for this course in your home council, you may provide documentation or validation by your Council Commissioner for this Degree and enroll at the Masters level. Please indicate if this is the case.

**For Master's degree equivalency credit, you must submit valid documentation of your participation in another college. (copy of your certificate of completion must be submitted with this form)

***Special note for 3rd year Candidate students. Please come to this class prepared with 3 or 4 ideas for a doctoral study project.

EXHIBITS

Will you be bringing an exhibit? Yes _____ No _____ If yes, describe exhibit and space requirement _____

YOU MUST BRING YOUR OWN TABLE, EXTENSION CORD, ETC.

FEES

Fees apply whether you are staying on the campus or lodging elsewhere.		
NOTE THAT THE ONE NIGHT OPTION IS FOR A FRIDAY NIGHT ONLY		
Please indicate your expected arrival (day and time) --- DAY _____ TIME _____		
Weekend Fee (to stay two nights)	_____	Fee will be \$100.00, includes all meals Saturday and Sunday Breakfast
Two-day Fee (Friday Night Only)	_____	Fee will be \$75.00 includes all meals Saturday
Optional Dinner on Friday	_____	\$10.75 (Optional and must arrive prior to 6:30PM)
Saturday Participant only	_____	Fee will be \$40.00 and includes Lunch only on Saturday
TOTAL REGISTRATION FEE	_____	

Activity Shirts (indicate number desired)			
Size	Cost/Shirt	Number	Cost
Small	\$25.00	_____	_____
Medium	\$25.00	_____	_____
Large	\$25.00	_____	_____
X-Large	\$25.00	_____	_____
2X-Large	\$27.00	_____	_____
3X-Large	\$27.00	_____	_____
4X-Large	\$29.00	_____	_____
Total Shirt Cost			_____
Total Registration Cost			_____
Grand Total (Registration Fee plus Shirt)			_____

IF YOU WOULD LIKE A REGISTRATION CONFIRMATION FROM THE REGISTRAR, PLEASE PROVIDE AN EMAIL ADDRESS.

⇨ NO GUARANTEE OF ACTIVITY SHIRT UNLESS PREPAID BY April 30, 2009. ⇨

IF YOU ARE REGISTERING AFTER APRIL 30, 2009, PLEASE DO NOT ORDER A SHIRT

IMPORTANT NOTICE

Mail completed registration form with payment made payable to the Blue Ridge Council to be RECEIVED no later than April 30 2009. All registrations and payments must be mailed to the Blue Ridge Council at the following address.

**Blue Ridge Council, BSA
1 Park Plaza
Greenville, South Carolina 29607-5851**

Phone: (864) 233-8363 (Ask for Chad Duggins)

Fax (864) 233-2424