

**27th ANNUAL
BROKEN NECK TROUT CAMPOUT REGISTRATION FORM
8 thru 11 September 2011**

***The information requested within the box must be completed.
IF YOUR REGISTRATION IS INCOMPLETE, IT WILL BE
RETURNED TO YOU UNPROCESSED. IF YOU STILL DESIRE TO
ATTEND, RESUBMIT A COMPLETED REGISTRATION FORM. If you
are not attending this campout and have not attended since 2007 and
desire to continue receiving announcement flyers, please return this form
with items 1, 3, 4.c and 5 completed.***

1. YOUR NAME:

2. YOUR DATE OF BIRTH:

If you are under 18 years of age, the form on page 2 must be completed and signed by your parent or legal guardian.

3. YOUR COMPLETE MAILING ADDRESS:

4. PHONE NUMBERS, INCLUDING AREA CODE

A. Emergency contact name:

B. Emergency contact telephone number:

C. Your contact telephone number:

5. E-MAIL ADDRESS:

_____@_____

**If you have any questions regarding registration, please contact me at
brokennecktrout@aol.com Thank you for your help and understanding.**

6. Is this your first campout? _____ If so, who is your campout sponsor?

7. How many campouts have you attended? _____

8. How many years of sobriety? _____

**\$ _____ CAMPING FEES: \$75.00 for 8 thru 11 Sep 2011. If you are
arriving early, make arrangements directly with Pine Cliff Resort.**

**\$ _____ GOLF FEES: (\$90.00) Please note: The golf fee only covers the
green fees at Sierra Star.**

Please indicate shirt size _____. Please indicate handicap or low score broken.

Handicap _____. Broke 100 _____. Broke 90 _____. Broke 80 _____. Broke 70 ____.

(OVER)

(Golf, continued)

All prizes, trophies, etc are donated by the players. Please contact Mike Kreger, in Bakersfield at 559-647-7705 or Rufus Ethington, in San Diego at 619-890-6894, if you have items to donate.

15 August 2011 is the cutoff date for registration. Your registration must be in by that date to give us time to order the provisions.
Thank you for your help and assistance.

Make your checks or money orders payable to:
Broken Neck Trout Campout
P.O Box 180399
Coronado, CA 92178

THIS FORM MUST BE COMPLETED BY PARENT OR GUARDIAN OF A CAMPER UNDER THE AGE OF 18.

I hereby authorize (camper's name) _____
to participate in all functions involved with the Broken Neck Trout Campout, including transportation to and from the event. I further authorize any medical treatment deemed necessary, by competent medical authority, for the health, welfare or safety of the camper and that I will be responsible for any costs involved for that treatment. I specifically hold harmless any member or participant of the Broken Neck Trout Campout.

Parent or Guardian's signature

Notary's signature and seal