

**MSA/FCRV Chapter Projects Registration**

20XX State (Spring/Fall) Campout

Chapter Number: \_\_\_\_\_ Name: \_\_\_\_\_

We wish to register the following project(s) for the (spring)/(fall) campout:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There is no cost to register. For planning purposes, please complete this form by (00-00-00).

Our project chairperson is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mail to: Chapter Projects Chair for the 20XX State (Spring/Fall) Campout:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_