** June 3-5, 2016**

**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**

**Form IS Compatible for Completing Using Your Computer**

**PLEASE PRINT BOTH PAGES AFTER COMPLETION TO MAIL TO PALMETTO COUNCIL WITH PAYMENT**

**Form may be Faxed or emailed if Payment info included. See email address on next page of Registration Form**

**PLEASE PRINT OR TYPE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name | | |  | | | | | | | | | | | | | | | | | | | | | | | Name Called | | | | |  | | | | | | | |
|  | Name as you would like it to appear on your certificate: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | City | |  | | | | | | | | | | | | | | | | | | | | | State |  | | | | | | Zip Code | | |  | | | | | |
|  | | Phone | | |  | | | | | |  | | | Email Address | | | | | |  | | | | | | | | | | | | | | |  |  |  | |
|  | Gender: Male | | | | | |  | | Female | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Emergency Contact | | | | | | |  | | | | | | | | | | | | | | | | | | | | Phone | |  | | | | | | | |
|  | Your Council Name (not the name of your district) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | In what Scouting position(s) are you currently registered? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | Prior attendee of PACCS? 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |

**\*\* Again This Year\*\* Room Assignments will be TWO to a room.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) | | | |  |  | Continuing Education (Certificate) (Prerequisite: Any Year) | | | |  |  | 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. (A 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

IF YOU ARE REGISTERING FOR THE WEEKEND OPTION(S) PLEASE REMEMBER TO BRING PT A&B OF MEDICAL FORM

**EXHIBITS**

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

**FEE Room Assignments will be TWO to a room.**

|  |  |  |
| --- | --- | --- |
| **If you plan to stay off Campus, the Saturday Only Fee applies**. | | |
| **PLEASE 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 $110.00, includes all meals Saturday  and Sunday Breakfast |
| **Two-day Fee**  (Friday Night Only) | $ | Fee will be $90.00, includes breakfast & lunch on Saturday |
|  |  |  |
| **Saturday Participant only** | $ | Fee will be $45.00 and includes Lunch on Saturday |
| **TOTAL REGISTRATION FEE** | **$** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PACCS ACTIVITY SHIRTS**  **(Color = Gold)** | | | | **(indicate the number desired of each gender/size combination)**  Note that both Long and Short Sleeve Shirts Are available | | | |
| **Size** | | **Cost/Shirt** | | **# of Male Shirts**  **Short-Sleeve** | **# of Male Shirts**  **Long-Sleeve** | **# of Female Shirts**  **Short-Sleeve** | **# of Female**  **Shirts**  **Long-Sleeve** | **TOTAL $$$** |
| Small | | $25.00 | |  |  |  |  | $ |
| Medium | | $25.00 | |  |  |  |  | $ |
| Large | | $25.00 | |  |  |  |  | $ |
| X-Large | | $25.00 | |  |  |  |  | $ |
| 2X-Large | | $27.00 | |  |  |  |  | $ |
| 3X-Large | | $28.00 | |  |  |  |  | $ |
| 4X-Large | | $29.00 | |  |  |  |  | $ |
| 5X-Large | | $30.00 | |  |  |  |  | $ |
| 6X-Large | | $31.00 | |  |  |  |  | $ |
|  | | |  | | **TOTAL SHIRT COST >>** | |  | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TOTAL ENCLOSED (Registration Fee + Shirt Cost) = $** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Or CC No. |  | Exp Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | MasterCard |  | Visa |  |

**IF you pay by Credit Card you may fax the registration to 864-585-7751 Attn: Morgan or you may email it to Morgan at** [**mhawkins@bsamail.org**](mailto:mhawkins@bsamail.org)**.**

NO GUARANTEE OF ACTIVITY SHIRT UNLESS PREPAID BY April 30, 2016.

IF YOU ARE REGISTERING AFTER APRIL 30, 2016. PLEASE DO NOT ORDER A SHIRT

Registration may be accomplished on-line at pacommisionercollege.com if desired.

If by mail completed registration form with payment made payable to the Palmetto Council, BSA to be RECEIVED no later than April 30, 2016. All registrations and payments must be mailed to the following address.

Palmetto Council, BSA

420 South Church Street

Spartanburg, SC 29306