



Louisiana Division Reunion

2017 Registration Form

May 19-20, 2017

SCV Member Name: _____

Camp Name & No: _____ Officer Title _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email Address: _____

Guest Name(s) for Badge: _____

LA Division Reunion Registration (Members only) Quantity: _____ @ \$20 each _____

Saturday Night Banquet (Members & Guests) Quantity: _____ @ \$30 each _____

Total Enclosed \$ _____

Please make checks payable to Richard Taylor Camp SCV

Mail Registration and Payment to: Richard Taylor SCV, P.O. Box 8428, Shreveport, LA 71148-8428

DEADLINE FOR BANQUET – MAY 10, 2017



Host Hotel;
Hilton Garden Inn
2015 Old Minden Road
Bossier City, LA 71111
(318) 759-1950