

**2012 SRD REGISTRATON & PARTICIPATION FORM**

**PLEASE TYPE or PRINT LEGIBLY in BLACK INK** We need this form to print name badges with the correct spelling of member's name!

Chapter Name: TOPS #FL \_\_\_\_\_, City \_\_\_\_\_ Date \_\_\_\_\_

Leader Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please give a Chapter Contact Email Address: \_\_\_\_\_ You will receive an acknowledgement receipt to address on file with TOPS.

**SHORT METHOD** on how to fill out this form, for more information go to Registration Spreadsheet Instructions.

If not participating in an event **LEAVE SPACE BLANK**

**NAME:** Put Name of person attending.

**SPECIAL ASSIST & LEADER PARADE:** Put only YES if participating.

**BEFORE & AFTER:** Put Before size number & After size number.

**CHAPTER ROYALTY:** Put only YES if participating.

**KOPS GRAD :** Put POUNDS lost to Goal.

**KOPS LESS THAN 1:** Put only Yes if participating.

**KOPS ALUMNI:** Put the number of years as a KOPS.

**PAST FL STATE ROYALTY:** Put the year they were State Royalty - NOT Chapter Royalty.

**CENTURY CLUB:** Put a Yes if participating.

**CONSECUTIVE KOPS \*:** Best to read invitation - only for Longevity each 5 years, put number of years Longevity.

**VOLUNTEER:** Put a YES if you like to volunteer in this area.

\*MUST HAVE SUBMITTED THE L-051 TO AREA COORDINATOR PRIOR TO SRD.

NAME OF MEMBER or GUEST	Special Assist	Leader Parade	Before & After		Chapter Royalty	KOPS Grad	KOPS		Past FL State Royalty	Century Club		Consecutive KOPS Longevity Award 5,10,15,20 Year	Volunteer			
			Size Before	Size After			Less than 1	KOPS Alumni		New	Alumni		Host/Hostess	Sales Area	Friendship	Registration
Example: Mary Smith (PRINT LEGIBLY)*	YES	Yes	22	14	YES	22	Yes	13	1999	Yes	Yes	20	Yes	Yes	Yes	Yes
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																
11.																
12.																
13.																
14.																
15.																

\* NEEDED TO PRINT NAME BADGES

Copy Left side for another page for additional registrations.

Number of members wishing to participate in each event (returned NO later than March 1st):

\_\_\_ Walk \_\_\_ KOPS Konnection Workshop \_\_\_ Men in TOPS \_\_\_ Theme Parade \_\_\_ TOPS Retreat Workshop

\_\_\_ TOPS Color Guard: 1st Name \_\_\_\_\_ Email \_\_\_\_\_

2nd Name \_\_\_\_\_ Email \_\_\_\_\_

Expected time to pick up your Registration package: Friday AM \_\_\_\_\_ PM \_\_\_\_\_ Saturday AM \_\_\_\_\_

Total # of Registrations before March 1: \_\_\_\_\_ @ \$35.00 = \_\_\_\_\_

Total # of Registrations after March 1: \_\_\_\_\_ @ \$40.00 = \_\_\_\_\_

Total # of Charms: \_\_\_\_\_ @ \$3.00 = \_\_\_\_\_

Chapter Check or Money Order # \_\_\_\_\_ for the Total \$ \_\_\_\_\_

Check Payable to: **FLORIDA SRD FUND**

**DO NOT send by Registered Mail**

Please mail your Chapter Check / Money order and this form to:

Jim Ferri

2111 S. Brink Ave, Sarasota FL 34239

Phone # 941.524.5069

Email Address: JimFerri2111@comcast.net

<b>DO NOT WRITE IN THIS SECTION</b>	
_____	Date Received
_____	Form #
_____	Ack to Chapter
_____	Sent to Chairs
_____	Date Received
_____	Form #
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