

CENTRAL NEW JERSEY COUNCIL, BSA

Course Title **TIGER UNIVERSITY**

District **Pahaquarra District**



Location **North Hunterdon HS Room 150 between Auditorium & Cafeteria A**

Who is Course For **New Tiger, Wolf & Bear Leaders - all will receive Meeting Plan Book**

Date(s) **Wed October 2**

Time **7:00 - 9:00PM NOTE TIME CHANGE**



Cost per Person \$ **5.00** if received in Council by: **September 27, 2013**

\$ **10.00** if received after above date or at the door.

Questions? Contact: **Nora Burke Klippstein** at Pah.trained@gmail.com

Refund Policy: There are no refunds for any activity, training, or program whose individual fee is \$10 or less. (Example: If the fee per participant is \$10 and a unit submits payment for five participants, there would be no refund available.) For individual fees greater than \$10, 80% will be refunded if received 2 weeks prior to the date of the activity, training, or program. All cancellation / refund requests MUST be made in writing, be submitted to the Office Manager, and state the reason for the cancellation (e-mail communication is acceptable). The full policy is available on the Council's website.

Returned Check Policy: It is the policy of this Council to assess a penalty in the amount of \$25 for insufficient funds when a check is returned to the Council. A letter from the Accounting Specialist is issued to inform the submitter of the returned check advising them another form of payment (money order, cashier's check, or credit card) including the \$25 should be submitted. The full policy is available on the Council's website.

Course Title **TIGER UNIVERSITY**

District **Pahaquarra District**

Location **North Hunterdon HS Room 150 between Auditorium & Cafeteria A**

Who is Course For **Persons needing Tiger or Cub Den Leader Specific Training**

Date(s) **Wed October 2**

Time **7:00 - 9:00PM NOTE TIME CHANGE**

Cost per Person \$ **5.00** if received in Council by: **September 27, 2013**

\$ **10.00** if received after above date or at the door.

Name _____

Street _____

City _____, NJ Zip _____ - _____

E-mail _____ Phone _____

(Primary method of communication.)

Leadership Position _____ ☐ Troop ☐ Pack ☐ Crew Unit # _____

Submit early registration fee only if paid and submitted to Council by: September 27, 2013

Make checks payable to: **CNJC, BSA** \$ _____ **Total Submitted**

Send to: **2245 US Hwy 130, Suite 106
Dayton, NJ 08810-2420**