East Carolina Council
2009 Philmont Contingent
Participant Fee Transmittal Form

Name _____
First Name Middle Initial Last Name

Address _____

City/State/Zip _____

Attached is 2009 Philmont Remittance as follows

Payments due no-later-than the dates indicated. Please check payment you are submitting.

[X]	Registration Fee due with application	$100.00	
[ ]	**1st Payment due Sept 1st**		**$301.00**
[ ]	**2nd Payment due Nov 1st**		**$301.00**
[ ]	**3rd Payment due Feb 1st**		**$301.00**
[ ]	**4th Payment due Apr 1st**		**$301.00**
[ ]	**5th Payment due Jun 1st**		**$301.00**

Payment Method [ ] Check [ ] Money Order[ ] Credit Card

Please make checks payable to: East Carolina Council, BSA

Credit Card Information:

Please charge $_____ to: Visa Mastercard Discover (circle one)

Account No. _____ Expiration date_____

Name on Card_____

Signature _____

Mail payment and completed transmittal form to:

Philmont 2009
East Carolina Council, BSA
PO Box 1698
Kinston, NC 28503

For Office Use Only
Date Received: _____
Date Posted: _____
Account # 054-20

Tee Shirt Size

_____

Reproduce locally

tc12/08/07