

Texas Good Sam Chapters Samboree
Postal Registration Form

Date: _____

Samboree Year: _____ Spring _____ Fall _____

Pilot's Name: _____
(Last) (First)

Navigator's Name: _____
(Last) (First)

Address: _____

City: _____ State: _____ Zip: _____

Good Sam No. _____ Expiration Date: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail: _____

Rig Type: _____ License #: _____ State Rig Licensed In: _____

Make of Tow(ed) Vehicle: _____ License #: _____

State Vehicle Licensed In: _____

First Texas Samboree? _____ Yes _____ No

Commercial Vender? _____ Yes

In Case of Emergency, contact:

Name: _____

Phone: _____

Number of Adults in Rig: _____

Mail Registration to: JoAnn Birchett, Registrar
P.O. Box 236
Bishop, TX 78343
Phone: (361) 584-1919
E-mail: txgoodsam@aol.com