



**PEAK (Physical Education, Activities and Knowledge) for the Future**

SCAPES PEAK Workshop Registration and Membership Form  
 Hillcrest High School ♥ 3665 S. Industrial Dr. Simpsonville SC 29681



**Thursday October 19th, 2017**

**Pre-Registration Deadline is October 12, 2017**

**\*\*No refunds will be given after the pre-registration deadline.\*\***

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete the workshop information below. You do not have to be a member to attend this workshop**

<p><b>Work or School e-mail address</b>          _____</p> <p><b>Complete Home Address:</b>          _____          Street address          _____          City State Zip          _____          Home :(_____) _____</p> <p><b>Complete Work Address:</b>          _____          School/ Organization          _____          School District/Higher Ed.          _____          Street address          _____          City State Zip          _____          Work :(_____) _____</p> <p><input type="checkbox"/> I am physically challenged and will need assistance.  <b>SCAHPERD is not responsible for accidents or injuries that may occur during conference sponsored sessions/events.</b></p> <p><b>We welcome your membership but you do not have to be a member to attend the workshop</b></p> <p><b>MEMBERSHIP APPLICATION FORM</b>  <i>It is important that you complete all information requested.</i></p> <p><input type="checkbox"/> <b>New Membership</b>      <input type="checkbox"/> <b>Renewal of Membership</b></p> <p><input type="checkbox"/> 1 year Professional <b>\$35</b>   <input type="checkbox"/> 2 year Professional <b>\$60</b>  <input type="checkbox"/> Future Professionals <b>\$12</b>   <input type="checkbox"/> Retired <b>\$15</b></p> <p><i>I select membership in the following associations(s) of SCAHPERD. Circle two numbers, indicating your first and second choices. You may select one association twice.</i></p> <p><b>(Join the Association of your choice.)</b></p> <p>1   2   S.C. Dance Association          1   2   S.C. Association for the Advancement of Health Education          1   2   S.C. Association for Physical Education and Sport</p> <p><b>Students join Future Professionals and select areas of interest</b>          Future Professionals of South Carolina          _____ Dance   _____ Health   _____ Physical Education</p> <p>Your e-mail address will never be sold, or shared with another organization or business. SCAHPERD plans to send as much information as possible by e-mail.</p> <p><b>If you are unsure of the status of your membership, please contact Shannon Koch at SCAHPERD at the email address or number located to the right.</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;"><b>Workshop Registration Fee</b></th> </tr> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">Pre-Registration</th> <th style="width:10%; text-align: center;">Late/Onsite</th> </tr> </thead> <tbody> <tr> <td>SCAHPERD/SCAPES Members</td> <td style="text-align: center;">\$15</td> <td style="text-align: center;">\$25</td> </tr> <tr> <td>Non-Members</td> <td style="text-align: center;">\$25</td> <td style="text-align: center;">\$35</td> </tr> <tr> <td>Future Professionals (college students)</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$20</td> </tr> <tr> <td><b>**Check the box to the right if you are considering taking the Kinesthetic Classroom off campus tour after lunch. (12-2pm) Transportation will be provided.**</b></td> <td></td> <td style="background-color: black;"></td> </tr> <tr> <td>Lunch will be provided on site</td> <td style="text-align: center;">Free</td> <td></td> </tr> <tr> <td><b>Membership Dues if applicable (optional) You do not have to be member to attend</b></td> <td></td> <td></td> </tr> <tr> <td>Add a \$2.00 processing fee when using a credit card.</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>Total</b> (Form &amp; Fees must be postmarked by deadline)</td> <td></td> <td></td> </tr> </tbody> </table> <p>Purchase Order Number: _____</p> <p><b>Make Checks Payable to SCAHPERD Check Number:</b> _____          Note: There will be a \$25.00 returned check fee.</p> <p>Credit Cards Accepted: Visa   Master   American Express</p> <p>Card Number: _____/_____/_____/_____ CVV Code: _____</p> <p>Expiration Date: _____/_____/_____ Billing Zip Code: _____</p> <p><b>**A \$3.00 credit card processing fee is added when using a credit card.**</b></p> <p>Signature: _____</p> <hr/> <p style="text-align: center;"><b><u>Mail Registration Form and Check To:</u></b></p> <p style="text-align: center;">SCAHPERD          1301 Columbia College Drive          Columbia ♥ South Carolina ♥ 29203          Voice 803-786-3384 ♥ Fax: 803-786-3386          Email: SCAHPERD@columbiasc.edu          Website: <a href="http://www.scahperd.org">www.scahperd.org</a></p> <p style="text-align: center;"><b>Or</b></p> <p style="text-align: center;"><b><u>*Register by phone with Credit Card Call (803)786-3384*</u></b></p>	<b>Workshop Registration Fee</b>				Pre-Registration	Late/Onsite	SCAHPERD/SCAPES Members	\$15	\$25	Non-Members	\$25	\$35	Future Professionals (college students)	\$10	\$20	<b>**Check the box to the right if you are considering taking the Kinesthetic Classroom off campus tour after lunch. 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