

Registered Sex Offender (RSO) Attendance Agreement (Continued)

I understand the above conditions. I understand the above conditions and wish to attend SBCA. I submit to these conditions and will fully cooperate with my shepherding team at SBCA. I accept that if I break any of the above conditions, I will no longer be allowed to be present at any SBCA location or activity.

Printed Name of Offender: _____

Phone/Email: _____

Signature of Offender: _____

Date: _____

Printed Name of Shepherding Team Representative: _____

Signature of Shepherding Team Representative: _____

Date: _____