



Conclave is a chance for all members of Tiwahe Lodge to band together in spirit and compete against other lodges in Section W4B. This year, Conclave will be at one of the best camps in the nation, LVSR! This year's Conclave will have a whole host of activities and competitions including: Ceremonies, Drum Team, Dancing, Training, Relay's, Sports, COPE, and Great Performances. You don't want to miss this!

\$20 1st Year ^{**}
\$25 Youth
\$30 Adult

*\$40 after April 1st

**Rebate applies to all members of Section W4B that have not been to a Conclave Before

May 3-5, Lost Valley Scout Reservation

Name: _____
 Email: _____ @ _____
 Lodge: C W T N Chapter: _____ Circle: Youth / Adult
 New Arrowman @ \$20 Youth @ \$25 Adult @ \$30

Additional Family Members:
 Name: _____
 Email: _____ @ _____
 Circle: Youth / Adult
 New Arrowman @ \$20 Youth @ \$25 Adult @ \$30

Name: _____
 Email: _____ @ _____
 Circle: Youth / Adult
 New Arrowman @ \$20 Youth @ \$25 Adult @ \$30

For Council Use Only:
 Receipt # _____
 Date Recorded: _____

Mail to:
 OA Conclave '02
 1207 Upas Street
 San Diego, CA
 92103

**\$40 for all registration
 after 4/1/02!**
Total Cost \$.00

Check Out:

Snakepower.org latest Conclave Info

Directions to Lost Valley Scout Reservation



DIRECTIONS FROM SAN DIEGO:

Merge onto CA-163 N.
 Take the I-15 N exit on the left.
 Merge onto I-15 N.
 Take the MERCY RD/SCRIPPS POWAY PKWY exit.
 Turn RIGHT onto SCRIPPS POWAY PKWY.
 Turn LEFT onto CA-67.
 CA-67 becomes MAIN ST.
 MAIN ST becomes JULIAN RD.
 JULIAN RD becomes CA-78.
 Turn LEFT onto CA-79.
 Continue through Warner Springs
 Several Miles out of Warner Springs, make a right onto Chihuahua Valley Road
 Continue down until the road splits, take the dirt road marked Lost Valley Road Directly in Front.
 Continue at 15 MPH down the dirt road for 11.5 miles
 Check in starts at 5:00



Address:

31422 Chihuahua Valley Road
 Warner Springs, CA. 92086
 (909) 767-1183

Check Out:



For the Latest Conclave Info.

MUST BE COMPLETED IF UNDER 18 YEARS OF AGE!!!

Name of Minor _____ Date of Birth _____

I/We give permission for my/our son to attend the scheduled event to be held on its corresponding registered date. I/We also authorized the California Inland Empire Council, Boy Scouts of America, or such substitute, as designated, as an agent for undersigned, to consent to an X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care for the above minor, which is deemed advisable by, and to be rendered under, the general or special supervision if any physician or surgeon, licensed under the Provision of Medicine Act, or any Dentist licensed under the Dental Practice Act, where such diagnosis or treatment is rendered at the office of said Physician or Dentist at a hospital, Scout Camp or elsewhere.

PLEASE PRINT CLEARLY SO IT CAN BE READ

Parent/Guardian _____ Signature _____

Address _____ City _____ Zip _____

Home Phone # _____ Work Phone # _____

We are covered by medical insurance () YES () NO

Insurance Company Name _____

Policy/Group # _____ Date _____

Alternate Person to Contact _____ Phone # _____