



# CONCLAVE 2003

"In Tradition of Brotherhood - 30 Years of Service"

## REGISTRATION FORM

### SECTION W-4B, ORDER OF THE ARROW



**When:** May 2-4, 2003

**Where:** Camp Emerson Scout Camp in Idyllwild, California

Questions? Call your Lodge Chief, Lodge Adviser, Chapter Chief, or Chapter Adviser or e-mail w4b@yahoo.com.

Reserve classes AT: [www.w4b.org](http://www.w4b.org)

#### PLEASE COMPLETE THE FOLLOWING FORM

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Position in the OA: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Chapter: \_\_\_\_\_ Lodge: 13 45 98 127 Other: \_\_\_\_\_  
 Age: \_\_\_\_\_ Number of Conclaves Attended: \_\_\_\_\_ Honor: Ordeal / Brotherhood / Vigil Ordeal Date (month/year): \_\_\_\_\_  
 Are you planning to get your brotherhood this weekend? Y N E-mail: \_\_\_\_\_  
 How did you hear about Conclave? \_\_\_\_\_  
 Did you attend Conclave 2002 at Lost Valley? Y N How many Conclaves have you attended? (Not including 2003) \_\_\_\_\_  
 Please decide on your training classes from the sheet attached, and enter your Session ID Numbers: Example: 9:00 CLP142A  
 College of Choice: \_\_\_\_\_ 9:00 \_\_\_\_\_ 10:00 \_\_\_\_\_ 11:00 \_\_\_\_\_ 12:00 \_\_\_\_\_

#### IN CASE OF AN EMERGENCY THIS WEEKEND NOTIFY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_  
 Check all items that apply, **past or present**, to your health history. Explain any marked spaces:  
**Medical Conditions:** Asthma \_\_\_ Diabetes \_\_\_ Heart Condition \_\_\_ Bleeding Disorder \_\_\_ Attention Deficit \_\_\_  
**Allergy To Any:** Food \_\_\_ Plant \_\_\_ Animal \_\_\_ Insect \_\_\_ Toxin \_\_\_ Medication \_\_\_  
**Any Condition That May Require Special Care** \_\_\_ Special Medication \_\_\_ Special Diet \_\_\_ Behavior Problems \_\_\_ Depression \_\_\_

Please explain any of the above: \_\_\_\_\_  
 \_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

Please list any physical limitations due to Medical reasons: \_\_\_\_\_

Date of Last Inoculation: Tetanus Toxoid \_\_\_\_\_ Diphtheria \_\_\_\_\_

**In case of emergency**, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent, Guardian Or Participants 18 Or Older Must Sign)

Please remember to include your registration fee with this form!

\$28 (under 21)      \$33 (21 or older)      \$23 (new ordeal member\*)

\*New ordeal member means that you have gone through your Ordeal since September 8, 2001

A late fee of \$5 is assessed for all registering **after April 11th**

Make checks payable to: Order of the Arrow, BSA, and send them to:  
 Section W-4B Conclave, California Inland Empire Council, BSA  
 1230 Indiana Ct., Redlands, CA 92374-2896

**ALL RESERVATION FORMS MUST GO TO THE ABOVE ADDRESS.**

**Remember  
to Bring a  
TENT!!!**

**Remember  
to Bring  
Friends!!!**