

# 2007 Section W4B Conclave



Please join us for a weekend of fun, fellowship, competition, and learning.

**The Section W4B Conclave will be held May 4 – 6, 2007 at our very own Camp Emerson at Boseker Scout Reservation.**

The registration fee is only **\$35.00**. You can enjoy well-produced shows, great training experiences, some fun and serious competition, and a lot of fellowship and brotherhood with friends in the Order. Just ask a friend who has been to a Conclave about how great it is.

Just follow these steps:

Step 1: Go to [www.w4b.org](http://www.w4b.org) and sign up for your classes.

Step 2: Complete this flyer and mail it in, postmarked before April 1, 2007 or late fees will apply!

-----Cut and Mail-----

<b>First Name</b>	<b>Last Name</b>
<b>Email Address</b>	<b>Chapter</b>
<b>Date Of Birth</b>	<b>NOTE: If you are under 18, the reverse side must be completed and brought with you to the event.</b>

<p>I am registering for the 2007 Section W4B Conclave:</p> <p>_____ \$35.00 Registration Fee</p> <p>_____ \$45.00 Late Registration Fee (April 1)</p> <p>_____ \$Free Golden Arrow Membership</p> <p><b>NOTE: You must be a dues-paid O.A. member to attend the Section Conclave</b></p>	<p>Please mail checks payable to CIEC-BSA "For" Section W4B Conclave</p> <p>Send completed form and payment to:</p> <p>2007 Section W4B Conclave – Cahuilla P.O. Box 8910 Redlands, CA 92375</p>
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## Order of the Arrow Permission Slip

**This form is to be turned in at Check-In of the Section W4B Conclave**

**No Youth Under 18 will be allowed to participate in an Order of the Arrow function without a signed permission slip.  
Scouts who appear to be ill will not be permitted to attend.**

My son \_\_\_\_\_ has permission to attend the following Order of the Arrow function: 2007 Section W4B Conclave. I authorize the adult leaders of the Order of the Arrow to obtain any emergency medical treatment or other assistance as needed.

Phone Number For Parent Or Guardian: Home: ( ) _____ - _____  Cell: ( ) _____ - _____	Alternate person to contact in case of emergency: Name _____  Phone: ( ) _____ - _____
Person designated to pick up Scout if returning home early: Name _____  Phone: ( ) _____ - _____	<b>Medication, restrictions, or special instructions</b> (If none, please write NONE): _____ _____

I have read, understood, and agree with this Authorization;

Print Name: (Parent/Guardian) \_\_\_\_\_ Signature: \_\_\_\_\_