



2012 SECTION **W4S**



CONCLAVE

Members In The Order Of The Arrow

September 21-23, 2012 *Antique Gas & Steam Engine Museum
2040 North Santa Fe Avenue
Vista, California 92083*

Arrowmen,

Our Section Conclave is just around the corner! Conclave is an opportunity for arrowmen to come together for fellowship while enjoying training classes, competition, games Pow Wow dancing, patch trading, patch auctions, and much more.

Registration: To register for Conclave, go to www.W4S.org Once registered you must send your payment to your local lodge to complete the process.

(CUT AT LINE : SEND BELOW TO COUNCIL WITH PAYMENT)

Weekend	I will be attending as (write only one:)	Fee Due (\$)
Sep. 21-23, 2012		

Name: Last	First	M.I.
Address: Street	City	Zip
Phone (Home)	Email	Date of Birth (mm/dd/yr) / /

Fees Are As Follows (if paid on time):

General Member - \$35.00
\$40 after September 17, 2012
Golden Arrow - Prepaid

Mail To:

BSA – OA Ordeals
P.O. Box 8910
Redlands, CA 92375-2110
• Please make checks payable to
Boy Scouts of America.



ORDER OF THE ARROW PERMISSION SLIP

*(This form **must be hand carried to camp** and turned in when registering at the event)*

NO YOUTH 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 on _____ at _____.

MEDICAL CONSENT TO TREAT

I authorize the adult leaders of the Order of the Arrow to obtain **any emergency medical treatment or other assistance as needed** for my son in the event of injury or illness.

Phone number where Parent or Guardian can be reached:

Home Phone: _____ Cell Phone _____

Insurance Co. _____ Policy # _____ Physician _____

Alternate Person to contact in case of emergency, Name; _____ Phone; _____

Person designated to pick up Scout if returning home early; _____ Phone; _____

Medication, restrictions, or special instructions (If none, please write: "NONE"); _____

I have read, understood, and agree with this Medical Authorization:

Print Name: (Parent / Guardian) _____ Signature _____