

Section W4B - Conclave 2001



Events include:

- Sandcastle building
- Beach Volleyball
- Kayak Water Polo
- Spirit Competitions

Also:

- Lodge Chief Olympics
(see pies get thrown at Garth and Pete)

Fiesta Island
San Diego, CA
May 4-6



Conclave is a chance for all members of the Cahuilla Lodge to band together in spirit and competition against other lodges in Section W4B. Cahuilla is the king of spirit, winning the spirit award the last 5 years at section conclaves.

This document is available online at:

<http://www.snakepower.org/resources/flyers/01conclaveflyer.pdf>



YES!! I want to be part of the Cahuilla Lodge group at the Section Conclave!

(Check the appropriate box)

EARLY BIRD I will be bringing _____ person(s) and have enclosed (@ 28.00) \$ _____ (Must be paid prior to April 20th)

After April 20th I will be bringing _____ person(s) and have enclosed (@ 40.00) \$ _____

Receipt#

Date Rec'd

Send to:
2001 OA Conclave
CIEC-BSA
1230 Indiana Ct.
Redlands, CA 92374-2896

Parents be sure to fill out the consent to treat form on the back of this flyer

Send it in NOW...

Directions to Conclaye 2001



Directions:

- Take Interstate 5 to Sea World Drive exit (approx. 1 mile North of Interstate 8).
- Take Sea World Dr. West approx. 1/4 mile to East Mission Bay Drive.
- Turn right on East Mission Bay Drive and go about 100 yds to Fiesta Island Road.
- Turn left on Fiesta Island Road, proceed past the gate onto Fiesta Island, where the road becomes a one-way loop around the island.
- Turn right and proceed around the first cove of Mission Bay.
- Turn right at the junction in the road and proceed to the Aquatics Center.

NOTE: Fiesta Island is *closed* every night from about 10:00 p.m. til dawn. No cars area allowed to enter the island during that time.

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 # _____