



Conclave is a chance for all members of Cahuilla 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

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: CWTN	Chap-	
New Arrowman @	\$20 Youth \$ 25	□ Adult @ \$30□
Additional Family Members	s:	
Name:		
Email:		
Circle: Youth / Adult New Arrowman @	\$20 Youth @ \$25[□ Adult @ \$3 0□
Name:		
Email:		
Circle: Youth / Adult New Arrowman ()\$20 Youth @ \$25	□ Aduit @ \$30□
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For Council Use Only:

Receipt # _____

Date Recorded: _____

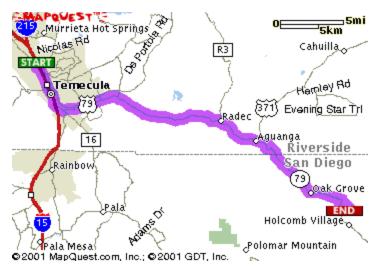
Mail to:

OA Conclave '02 1230 Indiana Court Redlands, CA 92374

\$40 for all registration after 4/1/02!

Total Cost \$.00

Directions to Lost Valley Scout Reservation





From Riverside:

Take the Riverside (91) Freeway east to the 215 South. Then Merge onto CA-60 East for a short distance. Merge onto I-215 South towards San Diego/Temecula. Continue south for approximately 15 miles to Temecula/Rancho California. At the end of this community, take Highway 79 south towards Indio. Follow Highway 79 as it winds through the communities of Radec, Aguanga, and Oak Grove. Just beyond Oak Grove, turn left onto Chihuahua Valley Road for about 6 1/2 miles. The road makes a sharp, 90 degree turn to the right. Straight ahead is a dirt road that is marked "Lost Valley". Follow this scenic dirt road for approximately 11 miles into camp. Please keep your speed down to 15 mph because vehicles may be coming from the other direction!

Address:

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





For the Latest Conclave Info.

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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 insura-	nce()YES()NO		
Insurance Company Name			
Policy/Group #			
Alternate Person to Contact		one #	