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.

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<tr>
<th>Weekend</th>
<th>I will be attending as (write only one:)</th>
<th>Fee Due ($)</th>
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<td>Sep. 21-23, 2012</td>
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<th>Name: Last</th>
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<tr>
<th>Phone (Home)</th>
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Fees Are As Follows (if paid on time):
- General Member - $35.00
- $40 after September 17, 2012
- Golden Arrow - Prepaid

Mail To:
BSA – OA Ordeal
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__________________________