

Wahunsenakah Lodge CONCLAVE 2006



Hosted by Shenshawpotoo Lodge 276
April 28 - 30, 2006
Camp Rock Enon
Registration & Preorder Form



Deadlines:

Preorders: January 28, 2006
Registration: January 28, 2006
Late Registration: March 18, 2006

Mail to: Wahunsenakah Lodge
Colonial Virginia Council, BSA
11721 Jefferson Avenue
Newport News, VA 23606

Complete ALL information. Please print or type:

Last name: _____ First name: _____ MI: _____

Address: _____

City, State, Zip: _____ Date of Birth: _____

Troop #: _____ Email: _____

Telephone No: _____ Honor (circle one) O B V

Name (as you wish it to appear on your nametag) : _____

Each Participant Must Complete and Submit A Conclave Medical Form And Release With Registration. See Reverse Side of This Form.

Fees

Conclave Fee (if paid by January 28, 2006)	\$ 30.00
Contingent Fee (Includes 3 delegate flaps)	\$ 15.00
Late Fee \$15 (if you register after 1/28/2006 but before 3/18/2006)	\$ _____

(No registrations will be accepted after March 18, 2006 – NO WALKINS)

Preorder Items

<u>Item</u>	<u>Number</u>	<u>Amount</u>
Conclave Pocket Patch	_____ @ \$3.50 ea.	\$ _____
Conclave Backpatch	_____ @ \$10.00 ea.	\$ _____
Conclave Neckerchief	_____ @ \$12.00 ea.	\$ _____
Conclave T-shirt (circle: M L XL)	_____ @ \$10.00 ea.	\$ _____
Conclave T-shirt – XXL - XXXL	_____ @ \$12.00 ea.	\$ _____
Conclave Hat	_____ @ \$12.00 ea.	\$ _____
Conclave Golf Shirt (circle: M L XL)	_____ @ \$20.00 ea.	\$ _____
Conclave Golf Shirt (circle: XXL XXXL)	_____ @ \$23.00 ea.	\$ _____
Conclave Polycarbonate Water Bottle	_____ @ \$8.00 ea.	\$ _____
Wahunsenakah Conclave Contingent Flaps	_____ @ \$5.00 ea.	\$ _____
PREORDER TOTAL		\$ _____

TOTAL ENCLOSED

\$ _____

SPECIAL NEEDS: Any Arrowman that will require special needs at Conclave (e.g. Diet, Accommodations, Routine Medication, Transportation, etc) please check box at left and explain here or on back: _____

SECTION 7A CONCLAVE - 2006
IN CASE OF AN EMERGENCY THIS WEEKEND NOTIFY:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PERSONAL HEALTH INFORMATION

Health Insurance Company: _____ Policy # _____

Check all items that apply. Explain any marked spaces:

Medical Conditions: Asthma___ Diabetes___ Heart Condition___ Bleeding Disorder___
Attention Deficit___

Allergy to any: Food___ Plant___ Animal___ Insect___ Toxin___ Medication___

Special Medication___ Special Diet___ Behavior Problems___ Depression___

Please explain any of the above: _____

Please list any medications you are currently taking: _____

Please list any physical limitations due to Medical reasons: _____

Date of last inoculation: Tetanus Toxoid _____ Diphtheria _____

Additional Notes: _____

Parent/Guardian Permission:

I hereby authorize the above named Scout to attend the Section-7A, Order of the Arrow, BSA function, and give permission for participation in OA/BSA programs. In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult) I also authorize any doctor or hospital treating the Scout while at Conclave to discuss and release information regarding such treatment or follow-up care to a member of the Conclave Medical Committee.

Signature: _____ Date: _____

(Parent, Guardian or Participants 18 or older must sign)