

NE-4A
**Section
Conclave**

June 9-11, 2017
Elk Lick Scout Reservation



Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Unit Number: _____

Enclosed is my Registration for the Section Conclave weekend
____ Youth (under 21 on 6/9/17) Registration \$20.00 (By May 7)
____ Adult (over 21) Registration \$40.00 (until May 7)

____ I need a ride
____ I can provide ride for ____ (number of scouts)
____ T-shirt size ____ (please add \$12 extra)

LATE REGISTRATION \$50.00

If a receipt is desired, please enclose a self-addressed, stamped envelope.

Mail this form and payment to:

Langundowi Lodge
c/o French Creek Council, BSA
1815 Robison Rd West
Erie, PA 16509-4999

Check-in is 8:00 p.m. Friday evening. Check-out is 10:00 a.m. Sunday

Please complete the other side of this form.

Emergency Information and Waiver

Name of Participant: _____

In case of emergency, contact:

Name: _____

Relationship: _____ Telephone: _____

If the person named above is not available, please contact:

Name: _____

Relationship: _____ Telephone: _____

Name of physician: _____

Address: _____ Telephone: _____

Health Insurance: _____

Policy Number: _____

The Social Security Number of the patient may be requested by the hospital.

Additional information we should know: _____

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, but not limited to, hospitalization, anesthesia, surgery, or injections and medication for my son (or if me, if an adult).

Date: _____ Signature of parent/guardian or adult _____