



2010 SECTION C-2B CONCLAVE

APRIL 23-25

CAMP ROTARY, Claire, Michigan

Conclave: one of the most fun events you could go to in the Order of the Arrow. A huge gathering of brothers in a fun filled weekend of training, shows, games, and much more!

Section Conclave 2010 is almost here and we want you to join us for this incredible weekend of fellowship. This amazing weekend of incredible lodge and leadership training, Native American crafts, ceremonies competitions, and a centennial gala will be an event not to miss. Take this opportunity to meet fellow arrowmen from around the state to create friendships and connections for a life time. For more information contact your lodge chief lodge adviser, or lodge staff adviser. Come on the journey and learn what E. Urner can teach us about his Technicolor dream sash.

Lodge 373 has reserved a cabin for the first 40 members signing up for this CONCLAVE!

**Order of the Arrow
2010 SECTION C-2B CONCLAVE
April 23-25, 2010 Camp Rotary
Nacha Mawat #373 Reservation Form
Registration Deadline - April 02, 2010**



My payment is by:

Check VISA MASTERCARD American Express

CREDIT CARD NUMBER

EXPIRATION

_____-_____-_____-_____/_____/_____

My signature below authorizes the Southwest Michigan Council - BSA, to charge my account.

Please SIGN your name _____

Please PRINT your name _____

Section Conclave \$35

Total \$ _____

Mail To:

Section C-2B, Order of the Arrow, BSA, Southwest Michigan Council
1035 West Maple St.
Kalamazoo, MI 49008

Nacha-Mawat #373 Registration Form
Section C-2B Conclave April 23-25, 2010 Camp Rotary

PLEASE FILL OUT THIS PAGE COMPLETELY

Registration Information

Name: _____

Date of Birth: _____

Email: _____

Youth Adult

Unit: _____

Phone _____

Address: _____

City: _____

State: _____ Zip: _____

IN CASE OF EMERGENCY NOTIFY:

Name _____

Relationship: _____

Parent Guardian Other

Address _____

City: _____

Phone (H) _____

(W) _____

PARENTS AUTHORIZATION

In the event I cannot be reached in an emergency, I hereby give permission to the Physician selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s) for my son. I agree to comply with the registration policies of Section C-2B, & Lake Huron Council - Boy Scouts of America.

Signature of Parent or guardian

ADULTS AUTHORIZATION

In the event that I am injured and rendered unconscious, I hereby give permission to the Physician selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s). I agree to comply with the registration policies of Section C-2B, & Lake Huron Council - Boy Scouts of America.

Signature of Adult Participant

Health Form to be provided Lodge 373
on annual basis on form:
<http://www.bsaswmc.org/community/rotakiwan/2010%20BSA%20Annual%20Health%20and%20Medical%20Record.pdf>