



Only one member per sheet, please.



Name _____

Address _____

City, State, Zip _____

Phone _____

e-mail _____

_____ \$20.00 Fall Conclave, **October 10-12, 2014** Custaloga Town
900055

_____ \$20.00 Winter Conclave, **January 9-11, 2015** Custaloga Town
900052

_____ \$5.00 Lodge Banquet, **March 14, 2015**, TBA
900053

_____ \$20.00 Spring Conclave, **May 4-6, 2015**, Custaloga Town
900054

_____ \$38.00 NE Section 4A Conclave, **June 5-7, 2015**, Custaloga Town
900051

_____ \$10.00 July Ordeal, **July 10-12, 2015**, Custaloga Town
900050

_____ \$10.00 August Ordeal, **August 21-23, 2015**, Custaloga Town
900050

_____ **Total Payable to French Creek Council, BSA**
1815 Robison Rd West
Erie, PA 16509-4999

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 patient's Social Security Number 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 _____