Only one member per sheet, please.

Name _____

Address _____

City, State, Zip _____

Phone _____

e-mail _____

_____ 900055	$18.00	Fall Conclave, **October 7-9, 2011** Custaloga Town
_____ 900052	$18.00	Winter Conclave, **January 6-8, 2012** Custaloga Town
_____ 900053	$5.00	Lodge Banquet, **March 10, 2012**, TBA
_____ 900054	$18.00	Spring Conclave, **May 4-6, 2012**, Custaloga Town
_____ 900051	$38.00	NE Section 4A Conclave, **June 8-10, 2012**, Camp Karoondinha
_____ 900050	$10.00	July Ordeal, **July 6-8, 2012**, Custaloga Town
_____ 900050	$10.00	August Ordeal, **August 17-19, 2012**, Custaloga Town
_____	**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 _____