

NE Section 3A Conclave

Hosted by Ho-De-No-Sau-Nee

June 6-8, 2008

Camp Scouthaven

Registration Form

Complete the information required and
mail (via US Postal Service) to:

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

I Need a Ride _____

I can provide a Ride _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Account 900051

Enclosed is \$37.00 for the Conclave.

Reservation Deadline is April 1, 2007

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 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 _____