



Section W-1E Conclave
The Japeechen Marvels
 @ Camp Easton,
 Lake Coeur d' Alene, Idaho
September 22-24, 2017
Registration Fee is \$40.00

Event Code: 6997
 Council and Section Use Only

| | | |
|---------|----------|------|
| | | |
| Payment | Keyed by | Date |

Online Registration Preferred!

www.sectionw1e.org

There will be a Trading Post and Auction as well as some afternoon crafts and regalia sessions that will have to be paid for. Please bring extra money to pay for these.

You will be able to sign up for classes when you arrive at camp to check in!

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|---|--|--------------------------|------------|------------------|-----------------------------|---------------------------------|--------------|----------------------------|------------|
| Personal & Membership Information | | | | | Please Print Clearly | | | | |
| | | | | | | | | | |
| First Name | | | M I | Last Name | | | | | |
| | | | | | | | | | |
| Address | | | | | City | | State | | Zip |
| | | | | | | | | | |
| Area Code | | Home Phone Number | | | Email Address | | | | |
| Please indicate which Lodge your membership is in by circling below: Are your dues current? Y/N | | | | | | | | | |
| Tatalyia | | Es-Kaielgu | | Wa-La-Moot-Kin | | Tukarica | | Out of Section Lodge Name: | |
| Circle which level you are | | | Ordeal | Brotherhood | Vigil | year you completed your Ordeal: | | | |
| Chapter Name: | | | | | Position in the OA (if any) | | | | |
| (All Youth) You will need to bring your own tent! | | | | | | | | | |

*You will be able to register online starting July 1st, 2017 until Sept. 15th to use the early-bird discount.
 After the 15th you can still register online and pay the full fee of \$40.00 until the 20th of Sept. 2017
 at which time online registration will close.*

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|--|---|--|--|
| \$40.00 Registration Fee \$35.00 New Youth Arrowmen Fee | \$35.00 Early bird Discount if Paid before. Sept. 15, 2017 | \$30.00 New Youth Arrowmen who went through their Ordeal in 2017: if Registered before Sept. 15, 2017 Enter Ordeal Date Here: _____ | After Sept. 15 all members will pay the \$40.00 fee (At door fee \$40.00) |
|--|---|--|--|

New youth Arrowmen must have gone through their Ordeal since the last Conclave in September 2016

Make Checks payable to "OA/BSA" and mail to

Section W -1E Conclave
 C/O Inland Northwest Council
 411 W Boy Scout Way, Spokane, WA 99201

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|---|--|
| Extra Participant Patch \$5.00 X _____ = \$ _____ | |
| 3 piece Conclave set \$25.00 X _____ = \$ _____ | |
| Conclave fee of \$ _____ | |
| Total enclosed: \$ _____ | |

____ I plan on paying at the door and I understand payment at the door will be \$40.00.
 If you plan on paying at the door please notify the Section in advance that you will be attending by contacting Jessi Harris at 509-328-5185 or jessi551972@comcast.net.

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PLEASE MAKE A COPY OF THIS COMPLETED FORM

Health and Emergency Information

Date of Birth: ____/____/____ Male: ____ Female: ____

At check in you will be required to turn in a completed Boy Scout Medical form or fill one out at camp.
These may be picked up on your departure.

| | |
|---------------------------|---|
| Emergency Contact Person: | Relationship: |
| Phone Number: | Cell: |
| Insurance Company: | Policy #: Date of last Tetnus: ____/____ |

I require special care or special facilities, I use a sleeping device that requires power, such as a CPAP:
Circle: **Yes** I understand that I need to bring my own power pack to use with my CPAP. _____
Do you have any allergies or medical condition we need to know about?
Explanation of allergies or medical condition:

List any food allergies or requirements?

You must complete a separate Boy Scout medical form and bring it to camp.

(Or you will need to fill one out at camp)

In case of an emergency, I understand every effort will be made to notify my emergency contact, spouse, or next of kin noted above. In the event no one can be reached, I hereby give my permission for medical personnel, or the adult leader in charge, to treat, hospitalize, secure anesthesia, or to order injection, surgery, or any other treatment for my child (or for me, if an adult over 18).

Talent Release Authorization

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video/tapes/electronic representatives and or sound recordings made of my child (or me, if an adult) at this event by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. I hereby authorize the reproduction, sale, exhibit, broadcast, electronic storage and /or distribution of said photographs/film/video tapes/ electronic representatives and or sound recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the forgoing.

| | | |
|------------------------|---------------------|-------|
| Participant Signature: | Guardian Signature: | Date: |
|------------------------|---------------------|-------|

All participants must sign

Parent or Guardian must sign if participant is under the age of 18

Questions: Contact Joseph McGinnis, Section Chief at josephmcginnis509@gmail.com

Doug Rowe Section Adviser at 509-570-3156 or douglo311@yahoo.com