"APPROACH THE FIRE OF CHEERFULNESS"

SECTION W-1B CONCLAVE 2007

Fire Mountain Scout Camp, Mount Vernon, WA

April 25-27, 2008

REGISTER ONLINE: www.w1b.org

COUNCIL & SECTION USE ONLY

☐ Payment Received | Keyed by | Date

Account # 1-2371-331-00

I. PERSONAL & MEMBERSHIP INFORMATION

Gender ☐ M ☐ F

Please Print Clearly

First Name | Last Name

Mailing Address | City | State | Zip Code

Area Code | Home Phone Number | E-Mail Address | Birth Date (MM-DD-YY)

Indicate the lodge to which you belong.
Membership dues must be current with your lodge and council.

☐ Achpateuny Lodge ☐ Sikhs Mox Lamonti Lodge
☐ Nanuk Lodge ☐ T'Kope Kwiskwis Lodge
☐ Nisqually Lodge ☐ Toontuk Lodge
☐ Out-of-Section Lodge (fill-in): _____

Chapter / District

Ordeal Date (MM-YY) | Unit (type and number)

OA Leadership Position (if any)

OA Honor
☐ Ordeal
☐ Brotherhood
☐ Vigil

II. HEALTH & EMERGENCY INFORMATION

In the event of emergency, notify (person not already at event)

Relationship ☐ Friend ☐ Parent ☐ Spouse ☐ Guardian ☐ Other

Date of last Tetanus Toxoid Immunization (MM-YY)

Phone Number

Alternate Phone Number | Health Insurance Company | Policy #

Are you subject to, or have a history of any of the following conditions:

☐ Asthma ☐ Heart Condition ☐ ADD/ADHD ☐ Depression ☐ I require special care of special facilities
☐ Diabetes ☐ Bleeding Disorder ☐ Fainting Spells ☐ Bed Wetting ☐ I use a sleeping device that requires power (such as a CPAP)

Are you allergic to any of the following: ☐ Food ☐ Animal ☐ Toxin ☐ Plant ☐ Insect ☐ Medication

Explanation of above conditions or allergies: _____

Special diet details: _____

Current medications: _____

Physical limitations: _____

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 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 representations 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, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations 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 foregoing.

Date: _____ Signature: **X** _____ **(All Partcipants must sign)** Signature: **X** _____ **(Parent or Guardian must sign if participant is under 18)**

III. TRAINING

☐ Associate
☐ Bachelors
☐ Masters
☐ Doctorate

Major/college/school of emphasis
☐ College of New Arrowmen (CNA)
☐ College of Inductions and Ceremonies CIC
☐ College of Chapter and Lodge Leadership (CLL)
☐ College of Outdoor Adventure (COA)

See enclosure for more training information and session codes.

Example CNA142A | Session 1 Code | Session 2 Code | Session 3 Code

IV. PAYMENT INFORMATION

Registration Fee
☐ Early Registration **$35.00**
☐ New Ordeal Member **$30.00**
☐ On site Registration **$50.00**

Payment Method
☐ Visa
☐ MasterCard
☐ American Express
☐ Discover
☐ Cash
☐ Check payable to "BSA" with memo "2006 Section W-1B Conclave"

Credit Card Number | Exp. Date (MM-YY)

I authorize these charges to my account.

Signature of Cardholder: **X** _____

RETURN THIS FORM, WITH PAYMENT, TO: Section W-1B Conclave; Mount Baker Council; 1715-100th Pl SE; Everett, WA 98208-3827

Questions? Call or E-mail your Lodge Chief