



# Delegate Registration Form

Due \_\_\_\_\_

Lodge # \_\_\_\_\_

| Delegate Information                                                  |        |      |
|-----------------------------------------------------------------------|--------|------|
| Name:                                                                 |        |      |
| Chapter:                                                              |        |      |
| Email:                                                                | Phone: |      |
| Address:                                                              |        |      |
| City:                                                                 | State: | Zip: |
| Birthdate (MM/DD/YYYY):                                               |        |      |
| Circle One:            Ordeal            Brotherhood            Vigil |        |      |
| Special Dietary Needs:                                                |        |      |
| Handicapped Vehicle Needs:                                            |        |      |

**RETURN COMPLETED FORM TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAKE CHECKS IN THE AMOUNT OF \$ \_\_\_\_\_ PAYABLE TO:**

\_\_\_\_\_



# Delegate Medical Form

Due \_\_\_\_\_

Lodge # \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------|
| To be filled out by parent/guardian or adult participant. Please print in ink.                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                            |
| <b>Delegate Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                            |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Email:              |                                            |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                            |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State:              | Zip Code:                                  |
| Phone: (    )                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date of Birth:      |                                            |
| Circle One:                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ordeal              | Brotherhood      Vigil                     |
| <b>Primary Emergency Contact</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                            |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Relationship:       |                                            |
| Day Phone: (    )                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Night Phone: (    ) |                                            |
| <b>Secondary Emergency Contact</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                            |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Relationship:       |                                            |
| Day Phone: (    )                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Night Phone: (    ) |                                            |
| <b>Medical Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                                            |
| Do you:<br><input type="checkbox"/> have any medical restrictions?<br><input type="checkbox"/> currently take any medication?<br><input type="checkbox"/> have any dietary restrictions?                                                                                                                                                                                                                                                                                              | Explain:            |                                            |
| Health Insurance Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Policy #:           |                                            |
| Have or subject to:<br><input type="checkbox"/> Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Fainting Spells<br><input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart trouble<br><input type="checkbox"/> Allergy to medication, food plant, animal, or insect<br><input type="checkbox"/> Any condition requires special care, medication, or diet<br><input type="checkbox"/> NONE OF THE ABOVE APPLY | Explain:            |                                            |
| Have difficulty with (check if yes):<br><input type="checkbox"/> Eyes, ears, nose, throat <input type="checkbox"/> Digestion<br><input type="checkbox"/> Bed-wetting <input type="checkbox"/> Lungs <input type="checkbox"/> Sleepwalking                                                                                                                                                                                                                                             | Explain:            |                                            |
| <input type="checkbox"/> Any condition now requiring regular medication?                                                                                                                                                                                                                                                                                                                                                                                                              | Name of medication: |                                            |
| Last Tetanus toxoid date:                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                            |
| This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted. 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 medications for my child (or for me, if an adult).                                                   |                     |                                            |
| <b>Participant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | <b>Parent or guardian</b>                  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | Signature (if participant under 18 years): |
| x _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     | x _____ Date: _____                        |



# Delegate Memorabilia Form

Due to your Lodge on January 15

| Contact Information                                    |          |            |                        |
|--------------------------------------------------------|----------|------------|------------------------|
| Name:                                                  |          |            |                        |
| Chapter:                                               |          | Lodge:     |                        |
| Email:                                                 |          | Phone:     |                        |
| Address:                                               |          |            |                        |
| City:                                                  | State:   | Zip:       |                        |
| Item                                                   | Quantity | Unit Price | Total                  |
| Delegate Patch (Red Arrow, 3.7" x 4.3")                |          | \$4.00     |                        |
| Host Lodge Patch (Yellow Arrow, 3.7" x 4.3")           |          | \$4.00     |                        |
| Delegate Jacket Patch (6.5" Diameter)                  |          | \$10.00    |                        |
| Conclave Bolo (1.25" Diameter)                         |          | \$6.00     |                        |
| Conclave Hat Pin (1" Diameter)                         |          | \$4.00     |                        |
| Delegate Neckerchief (Red Arrow, 29" x 29" x 42")      |          | \$10.00    |                        |
| Host Lodge Neckerchief (Yellow Arrow, 29" x 29" x 42") |          | \$10.00    |                        |
| Ceramic Mug                                            |          | \$6.00     |                        |
| T-shirt (Medium)                                       |          | \$13.00    |                        |
| T-shirt (Large)                                        |          | \$13.00    |                        |
| T-shirt (X-Large)                                      |          | \$13.00    |                        |
| T-shirt (XX-Large)                                     |          | \$15.00    |                        |
| T-shirt (XXX-Large)                                    |          | \$16.00    |                        |
| Fleece Sweatshirt (Small)                              |          | \$21.00    |                        |
| Fleece Sweatshirt (Medium)                             |          | \$21.00    |                        |
| Fleece Sweatshirt (Large)                              |          | \$21.00    |                        |
| Fleece Sweatshirt (X-Large)                            |          | \$21.00    |                        |
| Fleece Sweatshirt (XX-Large)                           |          | \$23.00    |                        |
| Fleece Sweatshirt (XXX-Large)                          |          | \$25.00    |                        |
| Fleece Sweatshirt (XXXX-Large)                         |          | \$27.00    |                        |
| Fleece Sweatshirt (XXXXX-Large)                        |          | \$28.00    |                        |
| Section Backpatch                                      |          | \$10.00    |                        |
|                                                        |          |            | <b>Total of Order:</b> |

**RETURN COMPLETED FORM TO:**

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**MAKE CHECKS PAYABLE TO:**

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# Lodge Memorabilia Order Summary Form

**Due January 30**

| General Lodge Information                                                                                                                                                                                  |          |                        |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------|-------|
| Lodge Name:                                                                                                                                                                                                |          | Lodge Number:          |       |
| Council Name:                                                                                                                                                                                              |          | Council Phone:         |       |
| Contact Information                                                                                                                                                                                        |          |                        |       |
| Should we need to contact your lodge regarding this submission please provide contact information below of the individual within your lodge that is responsible for the information provided on this form. |          |                        |       |
| Name:                                                                                                                                                                                                      |          |                        |       |
| Email:                                                                                                                                                                                                     |          | Phone:                 |       |
| Address:                                                                                                                                                                                                   |          |                        |       |
| City:                                                                                                                                                                                                      | State:   | Zip:                   |       |
| Item                                                                                                                                                                                                       | Quantity | Unit Price             | Total |
| Delegate Patch (Red Arrow, 3.7" x 4.3")                                                                                                                                                                    |          | \$4.00                 |       |
| Host Lodge Patch (Yellow Arrow, 3.7" x 4.3")                                                                                                                                                               |          | \$4.00                 |       |
| Delegate Jacket Patch (6.5" Diameter)                                                                                                                                                                      |          | \$10.00                |       |
| Conclave Bolo (1.25" Diameter)                                                                                                                                                                             |          | \$6.00                 |       |
| Conclave Hat Pin (1" Diameter)                                                                                                                                                                             |          | \$4.00                 |       |
| Delegate Neckerchief (Red Arrow, 29" x 29" x 42")                                                                                                                                                          |          | \$10.00                |       |
| Host Lodge Neckerchief (Yellow Arrow, 29" x 29" x 42")                                                                                                                                                     |          | \$10                   |       |
| Ceramic Mug                                                                                                                                                                                                |          | \$6.00                 |       |
| T-shirt (Medium)                                                                                                                                                                                           |          | \$13.00                |       |
| T-shirt (Large)                                                                                                                                                                                            |          | \$13.00                |       |
| T-shirt (X-Large)                                                                                                                                                                                          |          | \$13.00                |       |
| T-shirt (XX-Large)                                                                                                                                                                                         |          | \$15.00                |       |
| T-shirt (XXX-Large)                                                                                                                                                                                        |          | \$16.00                |       |
| Fleece Sweatshirt (Small)                                                                                                                                                                                  |          | \$21.00                |       |
| Fleece Sweatshirt (Medium)                                                                                                                                                                                 |          | \$21.00                |       |
| Fleece Sweatshirt (Large)                                                                                                                                                                                  |          | \$21.00                |       |
| Fleece Sweatshirt (X-Large)                                                                                                                                                                                |          | \$21.00                |       |
| Fleece Sweatshirt (XX-Large)                                                                                                                                                                               |          | \$23.00                |       |
| Fleece Sweatshirt (XXX-Large)                                                                                                                                                                              |          | \$25.00                |       |
| Fleece Sweatshirt (XXXX-Large)                                                                                                                                                                             |          | \$27.00                |       |
| Fleece Sweatshirt (XXXXX-Large)                                                                                                                                                                            |          | \$28.00                |       |
| Section Backpatch                                                                                                                                                                                          |          | \$10.00                |       |
|                                                                                                                                                                                                            |          | <b>Total of Order:</b> |       |

**RETURN COMPLETED FORM TO:**

Conclave 2008 Preorder  
 Cape Fear Council, BSA  
 PO Box 7156  
 Wilmington, NC 28406



# Guest Registration Form

**Due April 1**

| Lodge Information               |                |             |
|---------------------------------|----------------|-------------|
| Lodge Name:                     | Lodge Number:  |             |
| Council Name:                   |                |             |
| Guest Information               |                |             |
| Name:                           |                |             |
| Email:                          | Phone:         |             |
| Address:                        |                |             |
| City:                           | State:         | Zip:        |
| Circle One:                     | Ordeal         | Brotherhood |
|                                 |                | Vigil       |
| Registration Type (circle one): | Weekend (\$30) | Day (\$5)   |

**RETURN COMPLETED FORM TO:**

Conclave 2008 Registration  
 Cape Fear Council, BSA  
 PO Box 7156  
 Wilmington, NC 28406

**NOTE:** Include payment, with check made payable to:  
***Klahican Lodge 331***



# Delegate Substitution Form

**Due April 9**

| <b>General Lodge Information</b>                                                                                                                                                                           |                |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|
| Lodge Name:                                                                                                                                                                                                | Lodge Number:  |      |
| Council Name:                                                                                                                                                                                              | Council Phone: |      |
| <b>Registration Contact Information</b>                                                                                                                                                                    |                |      |
| Should we need to contact your lodge regarding this submission please provide contact information below of the individual within your lodge that is responsible for the information provided on this form. |                |      |
| Name:                                                                                                                                                                                                      |                |      |
| Email:                                                                                                                                                                                                     | Phone:         |      |
| Address:                                                                                                                                                                                                   |                |      |
| City:                                                                                                                                                                                                      | State:         | Zip: |
| <b>Substitute Information #1</b>                                                                                                                                                                           |                |      |
| Name of delegate to be dropped:                                                                                                                                                                            |                |      |
| Name of new delegate:                                                                                                                                                                                      |                |      |
| Address:                                                                                                                                                                                                   |                |      |
| City:                                                                                                                                                                                                      | State:         | Zip: |
| Birthdate:                                                                                                                                                                                                 | Phone:         |      |
| <b>Substitute Information #2</b>                                                                                                                                                                           |                |      |
| Name of delegate to be dropped:                                                                                                                                                                            |                |      |
| Name of new delegate:                                                                                                                                                                                      |                |      |
| Address:                                                                                                                                                                                                   |                |      |
| City:                                                                                                                                                                                                      | State:         | Zip: |

# 2008 SR-7B Cardinal Conclave



| Substitute Information #3       |        |      |
|---------------------------------|--------|------|
| Name of delegate to be dropped: |        |      |
| Name of new delegate:           |        |      |
| Address:                        |        |      |
| City:                           | State: | Zip: |
| Substitute Information #4       |        |      |
| Name of delegate to be dropped: |        |      |
| Name of new delegate:           |        |      |
| Address:                        |        |      |
| City:                           | State: | Zip: |
| Birthdate:                      | Phone: |      |

**RETURN COMPLETED FORM TO:**

Conclave 2008 Registration  
Cape Fear Council, BSA  
PO Box 7156  
Wilmington, NC 28406

**NOTE:** Each substitute delegate must also have a completed Delegate Registration Form and Delegate Medical Form upon arrival at Conclave in order to receive meal tickets, name tag, etc.



# Physical Arrangements Form

**Due March 1**

| General Lodge Information                                                                                                                                                                                  |                |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|
| Lodge Name:                                                                                                                                                                                                | Lodge Number:  |      |
| Council Name:                                                                                                                                                                                              | Council Phone: |      |
| Contact Information                                                                                                                                                                                        |                |      |
| Should we need to contact your lodge regarding this submission please provide contact information below of the individual within your lodge that is responsible for the information provided on this form. |                |      |
| Name:                                                                                                                                                                                                      |                |      |
| Email:                                                                                                                                                                                                     | Phone:         |      |
| Address:                                                                                                                                                                                                   |                |      |
| City:                                                                                                                                                                                                      | State:         | Zip: |
| Details                                                                                                                                                                                                    |                |      |
| Please list any special needs you have for physical facilities below:                                                                                                                                      |                |      |
|                                                                                                                                                                                                            |                |      |
|                                                                                                                                                                                                            |                |      |
|                                                                                                                                                                                                            |                |      |
|                                                                                                                                                                                                            |                |      |
|                                                                                                                                                                                                            |                |      |
|                                                                                                                                                                                                            |                |      |
|                                                                                                                                                                                                            |                |      |
|                                                                                                                                                                                                            |                |      |
|                                                                                                                                                                                                            |                |      |
|                                                                                                                                                                                                            |                |      |

**RETURN COMPLETED FORM TO:**  
Conclave 2008 Registration  
Cape Fear Council, BSA  
PO Box 7156  
Wilmington, NC 28406



# General Information Form

Due April 1

| Lodge Information                                                                                                                                                                                                     |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Lodge Name:                                                                                                                                                                                                           | Lodge Number:                          |
| Team Number (if more than one per lodge):                                                                                                                                                                             |                                        |
| Lodge Registration                                                                                                                                                                                                    |                                        |
| Total Number of Delegates:                                                                                                                                                                                            | Total Payment Dues (delegates x \$30): |
| Founders Award Recipients                                                                                                                                                                                             |                                        |
| Name 1:                                                                                                                                                                                                               |                                        |
| Name 2:                                                                                                                                                                                                               |                                        |
| Name 3:                                                                                                                                                                                                               |                                        |
| Name 4:                                                                                                                                                                                                               |                                        |
| Request for Handicapped Vehicle Pass                                                                                                                                                                                  |                                        |
| Number of Passes                                                                                                                                                                                                      | #                                      |
| Reason for Each Request                                                                                                                                                                                               |                                        |
| 1.                                                                                                                                                                                                                    |                                        |
| 2.                                                                                                                                                                                                                    |                                        |
| 3.                                                                                                                                                                                                                    |                                        |
| Special Dietary Needs                                                                                                                                                                                                 |                                        |
| Help us ensure your delegates are properly attended to during meals. Please provide us with the name of each delegate with special dietary needs and the details therein. Attach additional information if necessary. |                                        |
| Name 1:                                                                                                                                                                                                               | Details:                               |
| Name 2:                                                                                                                                                                                                               | Details:                               |
| Name 3:                                                                                                                                                                                                               | Details:                               |
| Request for time at Show                                                                                                                                                                                              |                                        |
| Circle one:                                                                                                                                                                                                           | Amount of time required:               |
| Friday                  Saturday                                                                                                                                                                                      |                                        |
| Reason for Request:                                                                                                                                                                                                   |                                        |

**RETURN COMPLETED FORM TO:**  
 Conclave 2008 Registration  
 Cape Fear Council, BSA  
 PO Box 7156  
 Wilmington, NC 28406

**2008 SR-7B Cardinal Conclave**



**Print Section Communications Award Form From Separate File**



# Pre-Ordeal Ceremony Competition Form

**Due April 1**

| Lodge Information                         |               |
|-------------------------------------------|---------------|
| Lodge Name:                               | Lodge Number: |
| Team Number (if more than one per lodge): |               |
| Ceremony Participants                     |               |
| Allowat Sakima:                           |               |
| Meteu:                                    |               |
| Nutiket:                                  |               |
| Kitchkinet:                               |               |
| Judges Provided                           |               |
| Name (Youth):                             |               |
| Name (Adult):                             |               |

**RETURN COMPLETED FORM TO:**

Ken Shahbaz  
3500 Smoketree Drive  
Greensboro, NC 27410  
(336) 574-1438  
[kshahbaz@sscocpa.com](mailto:kshahbaz@sscocpa.com)



# Brotherhood Ceremony Competition Form

**Due April 1**

| Lodge Information                         |               |
|-------------------------------------------|---------------|
| Lodge Name:                               | Lodge Number: |
| Team Number (if more than one per lodge): |               |
| Ceremony Participants                     |               |
| Allowat Sakima:                           |               |
| Meteu:                                    |               |
| Nutiket:                                  |               |
| Kitchkinet:                               |               |
| Judges Provided                           |               |
| Name (Youth):                             |               |
| Name (Adult):                             |               |

**RETURN COMPLETED FORM TO:**

Ken Shahbaz  
3500 Smoketree Drive  
Greensboro, NC 27410  
(336) 574-1438  
[kshahbaz@sscocpa.com](mailto:kshahbaz@sscocpa.com)



# Team Dance Registration Form

**Due April 1**

| General Information                                     |               |
|---------------------------------------------------------|---------------|
| Lodge Name:                                             | Lodge Number: |
| Name of Dance:                                          |               |
| Tribe:                                                  |               |
| Please attach a typed history of the above named dance. |               |

**RETURN COMPLETED FORM TO:**

Tom Wells  
11408 Raven Ridge Rd.  
Raleigh, NC 27614  
[designdtw@mindspring.com](mailto:designdtw@mindspring.com)



# Team Singing Competition Form

**Due April 1**

| General Information                                              |               |
|------------------------------------------------------------------|---------------|
| Lodge Name:                                                      | Lodge Number: |
| Style of Singing:                                                |               |
| Tribe:                                                           |               |
| Please attach a typed history of the songs for this competition. |               |

**RETURN COMPLETED FORM TO:**

Tom Wells  
11408 Raven Ridge Rd.  
Raleigh, NC 27614  
[designdtw@mindspring.com](mailto:designdtw@mindspring.com)



# Honor Lodge Service Record Form

**Due April 18 (COC)**

This form serves as an overview of all service to council and community for Honor Lodge requirements. For every project the Lodge needs to provide a description of the project as well as number of service hours.

| Project                     | Hours |
|-----------------------------|-------|
| <b>Service to Council</b>   |       |
|                             |       |
|                             |       |
|                             |       |
|                             |       |
|                             |       |
|                             |       |
|                             |       |
|                             |       |
|                             |       |
| <b>Total:</b>               |       |
| <b>Service to Community</b> |       |
|                             |       |
|                             |       |
|                             |       |
|                             |       |
|                             |       |
|                             |       |
|                             |       |
|                             |       |
|                             |       |
| <b>Total:</b>               |       |

Lodge Chief

\_\_\_\_\_

Lodge Advisor

\_\_\_\_\_

Staff Advisor

\_\_\_\_\_

Scout Executive

\_\_\_\_\_





Southern Region

Boy Scouts of America

**Order of the Arrow Section Conclave Insurance Certificate**

Section leaders will send a copy of this form to each lodge in the section prior to conclave.

|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                               |            |           |                     |                          |                    |                          |                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|---------------------|--------------------------|--------------------|--------------------------|--------------------------------------------------------------------------------------|
| Section:                                                                                                                                                                                                                    | Conclave Dates:                                                                                                                                                                                                                                                                                                                                                                                               | Location:  |           |                     |                          |                    |                          |                                                                                      |
| Lodge:                                                                                                                                                                                                                      | Council:                                                                                                                                                                                                                                                                                                                                                                                                      |            |           |                     |                          |                    |                          |                                                                                      |
| This is to certify that our council carries year-round, council-wide sickness and accident insurance that will cover all/some of the conclave participants from this council as shown below.                                |                                                                                                                                                                                                                                                                                                                                                                                                               |            |           |                     |                          |                    |                          |                                                                                      |
| Insurance Co.:                                                                                                                                                                                                              | Policy #                                                                                                                                                                                                                                                                                                                                                                                                      |            |           |                     |                          |                    |                          |                                                                                      |
| Summary of Coverage: (or attach detailed information)                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |            |           |                     |                          |                    |                          |                                                                                      |
| Policy Effective Dates: From _____ To _____                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                               |            |           |                     |                          |                    |                          |                                                                                      |
| Are:                                                                                                                                                                                                                        | <table style="border: none;"> <tr> <td style="padding: 0 10px;"><u>Yes</u></td> <td style="padding: 0 10px;"><u>No</u></td> </tr> <tr> <td style="text-align: center;">All Adults Covered?</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">All Youth Covered?</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | <u>Yes</u> | <u>No</u> | All Adults Covered? | <input type="checkbox"/> | All Youth Covered? | <input type="checkbox"/> | Claims are handled by:<br><br>_____<br>from Council Staff                      Phone |
| <u>Yes</u>                                                                                                                                                                                                                  | <u>No</u>                                                                                                                                                                                                                                                                                                                                                                                                     |            |           |                     |                          |                    |                          |                                                                                      |
| All Adults Covered?                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                      |            |           |                     |                          |                    |                          |                                                                                      |
| All Youth Covered?                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                      |            |           |                     |                          |                    |                          |                                                                                      |
| <i>NOTE: Claim forms and instructions for the policy described above <b><u>must</u></b> be brought to the health office at the conclave.</i>                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |            |           |                     |                          |                    |                          |                                                                                      |
| Certified by:                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |            |           |                     |                          |                    |                          |                                                                                      |
| _____                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                               | _____      |           |                     |                          |                    |                          |                                                                                      |
| Scout Executive                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                               | Date       |           |                     |                          |                    |                          |                                                                                      |
| <i>Lodge Adviser:</i> Bring this form to the conclave and turn in at registration.<br><i>Conclave Host Council:</i> Attach this form to the "Insurance Payment Transmittal" form and forward to the Southern Region Office. |                                                                                                                                                                                                                                                                                                                                                                                                               |            |           |                     |                          |                    |                          |                                                                                      |



# Broken Arrow Ceremony Information

**Due April 1**

|             |               |
|-------------|---------------|
| Lodge Name: | Lodge Number: |
| Honoree:    |               |
| Honoree:    |               |
| Honoree:    |               |
| Honoree:    |               |
| Honoree:    |               |
| Honoree:    |               |
| Honoree:    |               |
| Honoree:    |               |
| Honoree:    |               |
| Honoree:    |               |
| Honoree:    |               |