



2008 S-3 Conclave
"Ponder That Which is Our Purpose"
Will Rogers Scout Reservation, Cleveland, OK
April 25-27, 2008

Participant Registration & Medical Release Form
Ma Nu Lodge 133

Must be received (including payment and required signatures) by Last Frontier Council by April 15, 2008.

Name: _____ Chapter: _____

Address: _____

City, State, Zip: _____ Date of Birth: _____

Check Applicable Blocks: Ordeal Brotherhood Vigil Youth <18 Youth 18-20 Adult 21 & Over

Conclave Registration Fee

- Earlybird Fee - \$25.00 (if paid before March 20, 2008)
- Full Conclave Fee - \$35.00 (March 20 through April 15, 2008)
- Late Registration Fee - \$50.00 (if paid after April 15, 2008)

Registration after the April 15
deadline will cost \$50.00!

Participants must provide their own bedding and shelter. Tents will not be provided by the Camp.

Total Enclosed (Make checks payable to BSA or your local council) \$ _____

Council Accounting Code – 6600

Attendance and participation in Section 3 Conclave events and activities are reserved only for members of the Lodges of Section 3 in good standing and invited guests of Section 3. Invited guests must be approved at least 2 weeks prior to the event by the Section Key Three.

Medical Treatment Release

In case of emergency, I understand that every effort will be made to contact me (if participant is a youth member) or the contact person (if participant is an adult) listed below. I have listed any specific dietary or physical needs on the reverse of this form. In the event the below designated individual can not be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure treatment including hospitalization, anesthesia, surgery, or injections of medication for the individual above registered.

Date	Signature of Participant	Signature of Parent or Legal Guardian if participant is under 21	
Contact Person's Name (Please Print)	Relationship	Telephone	
Address of Contact Person			
Name of Personal Physician	Physician's Address	Physician's Telephone	
Name of Personal Health/Accident Insurance Carrier		Policy/Group Number	

Send completed form and payment to:

Check Visa MasterCard

S-3 2008 OA Conclave Registration
Last Frontier Council #480
3031 NW 64th
Oklahoma City, Oklahoma 73116

Card Number	Exp. Date
Name on Card (Print)	
Authorized Signature	