

NE-6A Conclave  
Camp Sinoquipe  
May 21-23, 2010

## Individual Registration Form

Name: \_\_\_\_\_ Lodge: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: (M or F) \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

D.O. B. \_\_\_\_\_

Honor: Circle One: **Ordeal** **Brotherhood** **Vigil**

Medical Condition requiring assistance:

Yes \_\_\_\_\_ No \_\_\_\_\_ *Please fill out special request form if yes*

Any Diet or Religious Food Restrictions:

Yes \_\_\_\_\_ No \_\_\_\_\_ *Please fill out special request form if yes*

Conclave Registration Fee:

(\$30.00 per Person) \$ \_\_\_\_\_

Return all Forms by:

**May 1, 2010**

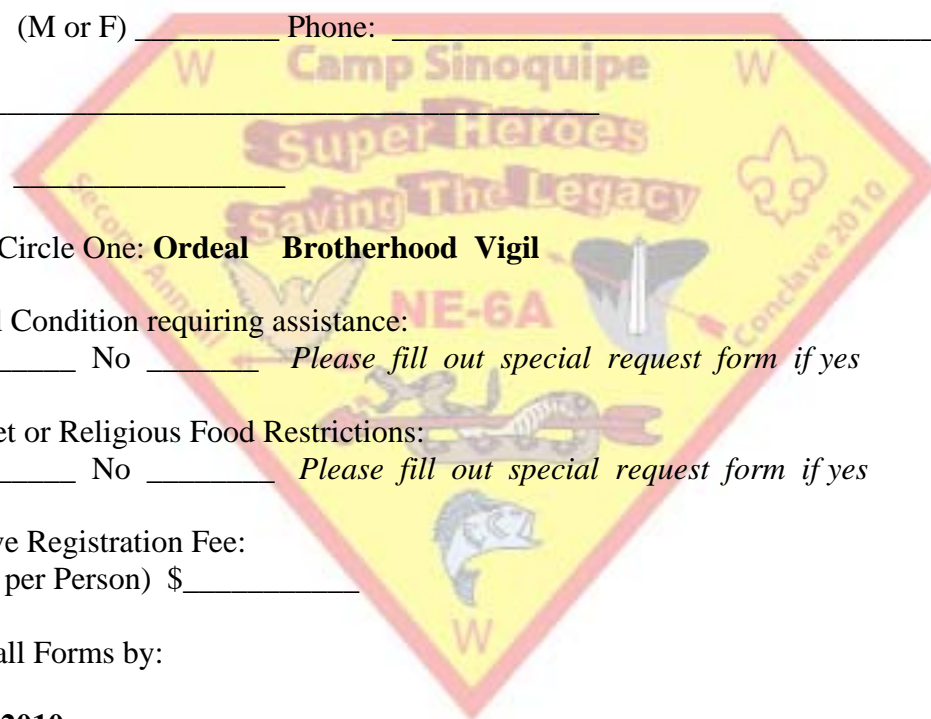
Return all forms to:

**Nentico Lodge 12**  
**701 Wyman Park Drive**  
**Baltimore, MD 21211**

Make Checks Payable to:

**BSA/BAC**

The Registration fee is non-refundable but is transferable to another Arrowman attending the 2010 Conclave. Remember to bring a copy of your BSA medical form to the Conclave. You may also send in a copy of your Medical form in with your registration. You must have a medical history form to participate in the 2010 Conclave.



## Special Request Form

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Lodge: \_\_\_\_\_

**Food Request:** \_\_\_\_\_

Reason: \_\_\_\_\_

**Lodging Request:** \_\_\_\_\_

Reason: \_\_\_\_\_

**Medical Request:** \_\_\_\_\_

Reason: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_



**PLEASE SUBMIT THIS FORM WITH YOUR REGISTRATION**