CENTRAL REGION
SECTION 2A

ORDER OF THE ARROW
BOY SCOUTS OF AMERICA

Early / Discounted
CONCLAVE REGISTRATION FORM

This form is due in the Detroit Area Council, BSA office no later than 5:00 p.m., **April 21, 2006**.
Address: Detroit Area Council, BSA, ATTN: Jerry Freyberg, 1776 W. Warren Avenue, Detroit, MI 48208
or you may fax it to (313) 897-9870
Check may follow, but is due at the above address by **April 28, 2006**.
Make checks payable to *Boy Scouts of America*. **Thank you!**

Lodge Name _____ **Lodge #** _____ **Council** _____

Last Name	First Name	(Area) + Phone Number	Youth		Adult		CoC Member	Handi-capped	Special Diet Needs (Please Specify)	Youth Protection Trained? (Yes)/(No)	Religious Pref. *
			< 18	18-21	Male	Female					
Total for Category											
Total Number of Arrowmen											
Price			**x $ 25.00**		**x $ 25.00**						
Total Due			**$**		**$**						
Total Amount Due			**$**								

Sorry, ***NO REFUNDS!*** *(Substutions are allowed)*

I certify that all the above named are members in good standing of my lodge and are currently registered in the Boy Scouts of America.

Lodge Adviser

Date

* C - Roman Catholic
P - Protestant
J - Jewish
L - Later Day Saints
O - Other