

2005 Section w4-B Conclave



Wiatava Lodge #13



The Section W4-B Conclave is a weekend where Arrowmen from all over Southern California come together to enjoy fun and fellowship!



This year, the W4-B Conclave is going to have even more to offer. From training to shows; sports to newsletters, there will be something new and exciting for everyone!

Date
April 29th -
May 1st, 2005
Theme
"32nd at 32nd"
Location
Naval Station,
San Diego
Cost
\$32 before 4/1

The 2005 Conclave will be a weekend to remember, don't miss out!

Note: Turn in this portion of the flyer and pay with your CHAPTER. You must also register with the section in order to go to Conclave or your registration is not valid. This is done at:

www.w4b.org

\$32 for all registration
before 4/1/04!

NO REGISTRATION AFTER 4/22/05!

Name: _____

Email: _____

Chapter: _____ Circle: Youth/ Adult

Regular Registration @ \$32

Late Registration after 4/1/05 @ \$42

Turn Into Your
Chapter Advisor at your
Chapter Meeting.

Find out where your chapter
meets at www.wiatava.org.

Total Cost: \$____.00

For Council Use Only:

Receipt # _____

Date Recorded: _____

**Be Sure to
Register at
www.w4b.org**

Directions



Naval Station, San Diego

From the North (I-5):

From the North, travel South on I-5. Go through the downtown area of San Diego on I-5, headed toward National City. Exit at the Main Street/National City Boulevard off-ramp. This is a lengthy off-ramp. When you get to the red light, the cross street is Main Street. Go straight across Main Street and you are on Yama Street which will run directly into Gate 32 of the Naval Station. Stop at the gate. Proceed once the guard clears you through. As you go through the gate, an Arrowman will be there to direct you to the parking lot.

More information and online directions can be found at:

<http://www.navstasd.navy.mil/>

**DON'T FORGET TO REGISTER FOR CLASSES
ONLINE: WWW.W4B.ORG!**

MUST BE COMPLETED IF UNDER 18 YEARS OF AGE

Name of Minor _____ Date of Birth _____

I/We give permission for my/our son to attend the scheduled event to be held on its corresponding registered date. I/We also authorized the California Inland Empire Council, Boy Scouts of America, or such substitute, as designated, as an agent for undersigned, to consent to an X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care for the above minor, which is deemed advisable by, and to be rendered under, the general or special supervision if any physician or surgeon, licensed under the Provision of Medicine Act, or any Dentist licensed under the Dental Practice Act, where such diagnosis or treatment is rendered at the office of said Physician or Dentist at a hospital, Scout Camp or elsewhere.

PLEASE PRINT CLEARLY SO IT CAN BE READ

Parent/Guardian _____ Signature _____

Address _____ City _____ Zip _____

Home Phone # _____ Work Phone # _____

We are covered by medical insurance () YES () NO

Insurance Company Name _____ Policy/Group # _____ Date _____

Alternate Person to Contact _____ Phone # _____

2005 Wiatava Lodge Conclave Flyer:

<http://www.w4b.org/conclave/2005wiatavaconclaveflyer.pdf>