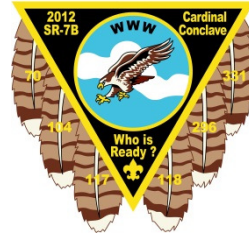


Delegate Registration Form



Delegate Information:

Name: _____

Address: _____

City State & Zip: _____

Telephone: _____

Email: _____

Date of Birth: _____

Chapter: _____

Lodge Name:: _____

Ordeal / Brotherhood / Vigil: _____

Dietary Needs: _____

Emergency Contact:

Name: _____

Relationship: _____

Day Telephone: _____

Evening Telephone: _____

Due Date:

Return to:

Payment:
Include check payable to:

Medical form:
Bring Conclave Medical Form
with you to Conclave.

I would like to be contacted about donating blood at the SR-7B Blood Drive
(only check the box if you are 17 years or older)

This will be my first time attending conclave: (check the box)

Photo release statement

I hereby give the Section permission to use any photos in which I appear that are taken at Conclave for use in promoting future events.

Signature: _____

Date: _____