

2016  SECTION NE-6B Conclave
Special Request Form



Camp Tuckahoe
June 3-5, 2016

Name (First, Middle, Last) : _____

Please use your full name as it appears in BSA/OA records

Lodge # : _____

Youth Adult

Phone : _____

Email : _____

(Print Clearly)

Do you have any medical, physical or other condition that requires special accommodations?

___ Yes ___ No

If so, please explain:

Do you have any dietary restrictions that will require special accommodations?

___ Yes ___ No

If so, please explain:

Do you have any condition that would require special sleeping accommodations?

___ Yes ___ No

If so, please explain:

Mail to:

**Conclave Special Registration
New Birth Of Freedom Council
1 Baden Powell Lane
Mechanicsburg, PA 17050**