

Delegate Substitution Form



Lodge Information:

Lodge Name: _____

Council Name: _____

Council Address: _____

City State & Zip: _____

Council Telephone Number: _____

Substitutions:

Delegate Name: _____

Replaced by delegate name: _____

Address: _____

City, State & Zip _____

Phone: _____

Birth Date of _____

Delegate Name: _____

Replaced by delegate name: _____

Address: _____

City, State & Zip _____

Phone: _____

Birth Date of _____

Due date:

April 1, 2010

After April 1, 2010

Bring to Conclave (registration in campsite)

Return to:

East Carolina Council, BSA
Attn: Conclave 2010
PO Box 1698
Kinston, NC 28503

Email:

Send emails to:
pdecker@suddenlink.net

Delegate form: Each substitute delegate must have a delegate registration form and medical form at registration in order to receive a delegate bag and meal wristband.

Physical form:

Medical forms must be submitted with registration and money.