

General Information Form



Due: April 1, 2010

Return Completed Form to:
 East Carolina Council, BSA
 Attn: Dan Cross
 PO Box 1698
 Kinston, NC 28503-1698

Lodge Information	
Lodge name:	Lodge Number:
Lodge Registration	
Total Number of Delegates:	Total Payment (Delegates x \$30):
Founders Award Recipients	
Name 1:	
Name 2:	
Name 3:	
Name 4:	
Request for Handicap Vehicle Pass	
Number of Passes Requested:	
Reason for Each Request:	
1.	
2.	
3.	
Special Dietary Needs	
Help us ensure your delegates are properly attended to during meals. Please provide us with the name of each delegate with special dietary needs and the details herein. Attach additional information as necessary.	
Name 1:	Details:
Name 2:	Details:
Name 3:	Details:
Request for time at Show	
Circle one: Friday Saturday	Amount of time requested:
Reason for Request:	