

Please list any Dietary or Medical Restrictions

<i>Arrowman's Name</i>	<i>Dietary or Medical Restriction(s)</i>
<i>1</i>	
<i>2</i>	
<i>3</i>	
<i>4</i>	
<i>5</i>	
<i>6</i>	

Reminder: Be sure to fill out a Tour Permit

Meet all your Deadlines

No Refunds

The C.O.C. has stated that there will be no walk-ins

Be sure to collect any late fees if applicable

Forms and Check are to be mailed to the following address:

***Gerald R. Ford Council
Attention Section C-2B Conclave
3213 Walker Ave. NW
Grand Rapids, MI 49544-9775***

You may reproduce this form as necessary