

SECTION CONCLAVE TRANSMITTAL

Please complete this form and transmit it to:

John Van Dreese
Boy Scouts of America, S250
1325 W Walnut Hill Lane
Irving, TX 75015-2079

Section: _____ Date: _____

Date of Conclave Held: _____ Site: _____

Service Council: _____ Number: _____

Service Council's Lodge: _____

Please complete the following information and include a check made payable to the Boy Scouts of America for the total amount.

Liability Insurance Surcharge:

Total number of calendar days (including travel time): _____
Total participants _____ @ \$1.00 per day A. \$ _____

Accident & Sickness Insurance Surcharge:

Total number of calendar days (including travel time): _____
Total participants _____ @ \$0.21 per day B. \$ _____

Region Chief's Fund Surcharge:

Total participants _____ @ \$2.00 each C. \$ _____

Total (A plus B plus C) \$ _____

Signed By: _____
Section Staff Adviser Section Adviser

Council: _____ Date: _____

For National BSA Use
Date Received Check Number Amount

Section Information Report

| AREA | SECTION | SECTION NAME (optional) | | | YEAR |
|---|----------------|-------------------------|------------|--------------|----------|
| LEADERSHIP (Newly Elected) | | | | | |
| CHIEF | Name | Council Num. | Birth Date | Phone | |
| | Address | City | | State | Zip Code |
| | e-mail address | | | | |
| VICE CHIEF | Name | Council Num. | Birth Date | Phone | |
| | Address | City | | State | Zip Code |
| | e-mail address | | | | |
| SECRETARY | Name | Council Num. | Birth Date | Phone | |
| | Address | City | | State | Zip Code |
| | e-mail address | | | | |
| ADVISER | Name | Council Num. | | Phone | |
| | Address | City | | State | Zip Code |
| | e-mail address | | | | |
| ASSOCIATE ADVISER | Name | Council Num. | | Phone | |
| | Address | City | | State | Zip Code |
| | e-mail address | | | | |
| ASSOCIATE ADVISER | Name | Council Num. | | Phone | |
| | Address | City | | State | Zip Code |
| | e-mail address | | | | |
| STAFF ADVISER | Name | Council Num. | | Phone | |
| | Address | City | | State | Zip Code |
| | e-mail address | | | | |
| SERVICE COUNCIL SCOUT EXECUTIVE | Name | Council Num. | | Phone | |
| | Address | City | | State | Zip Code |
| | e-mail address | | | | |
| NEXT YEAR'S SECTION CONCLAVE | | | | | |
| <u>SERVICE COUNCIL</u> | | <u>SITE</u> | | <u>DATES</u> | |
| CONCLAVE ATTENDANCE: YOUTH _____ ADULT _____ TOTAL _____ | | | | | |
| FORM COMPLETED BY: _____ TELEPHONE IF DIFFERENT THAN ABOVE: _____ | | | | | |

SECTION: _____ CONCLAVE DATE: _____

INCOME:

| | PROJECTED | ACTUAL |
|---|-----------|--------|
| Regular/Late Registration: _____ @ \$ _____ | | |
| Pre-registration _____ @ \$ _____ | | |
| Revenue transfer from prior Conclave | | |
| Merchandise Sales: Gross | | |
| Auction Income | | |
| Maury Clancy contributions | | |
| Donations | | |
| Other Income: | | |
| TOTAL INCOME | | |

EXPENDITURES:

| CONCLAVE | PROJECTED | ACTUAL |
|--|-----------|--------|
| Conclave Site Fee _____ @ \$ _____ | | |
| Food | | |
| Training | | |
| Shows | | |
| Special Events | | |
| Activities | | |
| Native American Events | | |
| Promotion-Communication | | |
| Printing and Registration Expenses | | |
| Event Patches | | |
| Auction | | |
| Service Council Expense | | |
| Insurance: Liability Surcharge - \$1.00 / person / day | | |

| CONCLAVE | PROJECTED | ACTUAL |
|--|------------------|---------------|
| Insurance: Accident & Sickness - \$0.21 / person / day | | |
| Region Chief's Fund: _____ participants @ \$2.00 | | |
| Awards and Recognition | | |
| Speaker/National Guest Expense | | |
| Merchandise- Cost of goods | | |
| Credit Card processing/refunds | | |
| Conclave Contingency | | |
| Other Expenditures:_____ | | |
| Other Expenditures:_____ | | |
| TOTAL Conclave Expenditures | | |
| | | |
| SECTION OPERATING EXPENSES | | |
| Lodge Assistance Program | | |
| Section Retreat/Pre-Conclave planning expenses | | |
| Region Gathering Event Fees | | |
| Region Gathering Transportation | | |
| National Planning Meeting Fees | | |
| National Planning Meeting Transportation | | |
| National Leadership Seminar Fees | | |
| Area Section Officer Training Fees | | |
| Section Officer Other Expenses | | |
| Printing and Postage | | |
| Uniform Expense | | |
| Telephone Expense | | |
| Web Hosting/Online Expenses | | |
| Recognitions | | |
| COC Meeting Costs | | |
| Scholarships | | |
| Other Expense_____ | | |

| | PROJECTED | ACTUAL |
|--|-----------|--------|
| TOTAL SECTION OPERATING EXPENSE | | |
| TOTAL EXPENDITURES (CONCLAVE EXPENSE PLUS SECTION OPERATING EXPENSE) | | |
| TOTAL NET INCOME (EXPENDITURES) INCOME LESS TOTAL EXPENDITURES | | |
| | | |

DISTRIBUTION OF FUNDS:

| | BUDGET | ACTUAL |
|---|--------|--------|
| Funds Transfer to next Conclave | | |
| Council Refunds: | | |
| Service Council Contribution | | |
| High Adventure Scholarships | | |
| Maury Clancy Fund | | |
| World Friendship Fund | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL DISTRIBUTION: Equals Net Income (Expenditures) | | |

SUBMITTED THIS DATE _____

SIGNATURE _____

TITLE _____