

2010-2011 Talidandaganu' Lodge 293 Universal Event Registration



_____ \$26 (\$30 @ door) **Brotherhood candidates, Fall Ordeal**, September 24-26, 2010, Skymont Scout Reservation

_____ \$15 (\$20 @ door) **Arrowmen, Fall Ordeal**, September 24-26, 2010, Skymont Scout Reservation

_____ \$15 **Fall Fellowship-October Quest**, October 29-30, 2010, Booker T. Washington State Park

_____ \$12 (\$20 after October 15) **Lodge Banquet** November 13, 2010, 6:00pm, Location TBA

_____ \$15 **Spring Fellowship-Beaver Day**, March 11-12, 2011, Skymont Scout Reservation

_____ \$26 (\$30 @ door) **Brotherhood candidates, Spring Ordeal**, May 20-22, 2011, Skymont Scout Reservation

_____ \$15 (\$20 @ door) **Arrowmen, Spring Ordeal**, May 20-22, 2011, Skymont Scout Reservation

_____ \$8 Lodge Dues for 2010

_____ \$8 Lodge Dues for 2011

\$_____ TOTAL PAID (Make Checks payable to BSA) NO REFUNDS

Name (Full Name, No Nicknames): _____ D.O.B. ____ / ____ / ____

District: _____ Gender: _____ Troop Number: _____

During Fall Ordeal, I would like to serve as: Elangomat / Ceremonies / Service Staff / Kitchen Staff

During Spring Ordeal, I would like to serve as: Elangomat / Ceremonies / Service Staff / Kitchen Staff

Email Address : _____ (WRITE LEGIBLY!!!)

Guardian Name: _____

Phone: _____

Home Address: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

City: _____ State: _____ Zip: _____ BSA ID #: _____

If person listed above is not available in the event of an emergency, please contact:

Name: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Health Insurance: _____ Policy #: _____

Health Concerns/Allergies: _____

I give permission for full participation in BSA programs, subject to limitation noted herein. In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event that I cannot be reached, I hereby give my permission to the licensed health care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injection of medication for my child (or for me, if participant is an adult).

Date: ____ / ____ / ____ Guardian/Adult Signature: _____

Bring BSA Class A, B and C health form. These are available Lodge website www.tali293.org

Lodge Advisor: Tim Steadman, tstead01@gmail.com or (423) 314-6129

Staff Advisor: James Hulgan, james.hulgan@scouting.org or (423) 892-8323 x113

Mail this form with payment to:

Cherokee Area Council, BSA
Order of the Arrow
6031 Lee Hwy.
Chattanooga, TN 37421