

**2003
Cahuilla Lodge
Fall Fellowship**

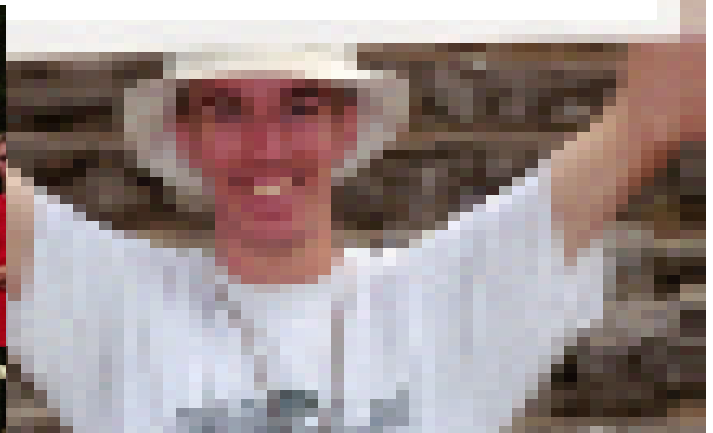
Fall Fellowship Details

Location of the Event:
Camp Emerson in Idyllwild

Date of the Event:
October 3 - 5, 2003

Pricing: Only \$18.00*

Fall Fellowship Theme
"Choose Your Own Adventure"



*Pricing will be \$18.00 if paid before September 26, 2003. Payments after that date will be \$23.00 (Golden Arrow members will also be assessed a \$5.00 fee if remitted after September 26.)

YES! Sign Me Up For The Best Cahuilla Lodge Event Of The Year!

Please mail to: 2003 OA Fall Fellowship
CIEC – BSA
1230 Indiana Court
Redlands, CA 92374

(NOTE: Checks should be made payable to "Boy Scouts of America")

Office Use Only:

Receipt #: _____

Date _____

Received: _____

Name	Chapter	Youth(under 21) Adult (Over 21)	Check All That Apply	Total Fees (\$)
		<input type="checkbox"/> Youth** <input type="checkbox"/> Adult	<input type="checkbox"/> General (\$18) -or- <input type="checkbox"/> Golden Ar (\$0) <input type="checkbox"/> Brotherhood (extra \$15) <input type="checkbox"/> After September 26 (extra \$5)	
		<input type="checkbox"/> Youth** <input type="checkbox"/> Adult	<input type="checkbox"/> General (\$18) -or- <input type="checkbox"/> Golden Ar (\$0) <input type="checkbox"/> Brotherhood (extra \$15) <input type="checkbox"/> After September 26 (extra \$5)	
		<input type="checkbox"/> Youth** <input type="checkbox"/> Adult	<input type="checkbox"/> General (\$18) -or- <input type="checkbox"/> Golden Ar (\$0) <input type="checkbox"/> Brotherhood (extra \$15) <input type="checkbox"/> After September 26 (extra \$5)	

** All attendees under 18 MUST have the consent to treat form on back filled out and bring it to the event.

Grand Total (\$)	
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2003 Fall Fellowship Flyer:

<http://www.snakepower.org/resources/flyers/2003fallfellowshipflyer.pdf>

MUST BE COMPLETED IF UNDER 18 YEARS OF AGE!!!

Name of Minor _____ Date of Birth _____

I/We give permission for my/our son to attend the regularly scheduled Order of the Arrow event to be held on its corresponding registered date. I also authorize the California Inland Empire Council, Boy Scouts of America, or such substitute, as designated, as agent for the undersigned, to consent to an X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by, and to be rendered under, the general or special supervision if any physician or surgeon, licensed under the Provision of Medicine Act, or any dentist licensed under the Dental Practice Act, where such diagnosis or treatment is rendered at the office of said physician or dentist at a hospital, scout camp, or elsewhere.

Parent/Guardian (print)		Signature	
Address		City	Zip
Home Phone		Work Phone	
Are You Covered by Medical Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name and Policy Number	
Alternate Person To Contact	Relationship	Phone	

DON'T FORGET TO BRING THIS FORM WITH YOU TO THE EVENT