Account # 2371-000-00

Cahuilla Lodge # 127, Order of the Arrow, Boy Scouts of America

Inductions & Indian Affairs

Weekend

You were Inducted into the OA by a Ceremony Team, but, what did all that mean?

Are you on a ceremony team now, just joined, thinking of joining, not sure what it means to be on a ceremony team?

Do you want to learn about Indian crafts, beadwork, or other tools of the trade?

Would you like to learn more about building ceremony costuming and how to model your chapter after a real Indian tribe?

Each attendee gets to make their own Medicine Wheel!

Sign up now and join this exciting and fun weekend on March 28 to 30, 2008 at Camp Emerson at Boseker Scout Reservation!

All for the small cost of $12.00*
Note: Golden Arrow members must pay for the event.

Name (Last)	(First)	(M.I.)

Address (Street)	(City)	(State)	(Zip Code)

Chapter Name	Phone (Home)	Email Address

Total amount enclosed: $_____

Please make checks payable to: **CIEC-BSA**
Send completed Form and payment to:
BSA – OA Inductions and Indian Affairs Weekend
P.O. Box 8910
Redlands, CA 92375

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ORDER OF THE ARROW PERMISSION SLIP
(This form must be turned in when registering at the event)

NO YOUTH WILL BE ALLOWED TO PARTICIPATE IN AN ORDER OF THE ARROW FUNCTION WITHOUT A SIGNED PERMISSION SLIP. Scouts who appear to be ill will not be permitted to attend.

My son _____ has permission to attend the following Order of the Arrow function

on _____ at _____.

MEDICAL CONSENT TO TREAT

I authorize the adult leaders of the Order of the Arrow to obtain **any emergency medical treatment or other assistance as needed** for my son in the event of injury or illness.

Phone number where Parent or Guardian can be reached:

Home Phone:_____ Cell Phone_____

Insurance Co. _____Policy #_____Physician_____

Alternate Person to contact in case of emergency, Name;_____ Phone;_____

Person designated to pick up Scout if returning home early;_____ Phone;_____

Medication, restrictions, or special instructions (If none, please write: "NONE");_____

_____
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I have read, understood, and agree with this Medical Authorization:

Print Name: (Parent / Guardian)_____ Signature_____