2012 Talidandaganu' Lodge 293
Universal Event Registration

Event Check appropriate boxes and calculate total.	Early Fee	Friday a week before event fee	At the door at the event fee
Fall Ordeal at Skymont from September 28-30, 2012			
Arrowmen	**$20** ❑	**$25** ❑	**$30** ❑
Brotherhood Candidates requirements in book and online.	**$30** ❑	**$35** ❑	**$40** ❑
Ordeal Candidates check lodge web site for information. Note your fee includes dues for current year.	**$40** ❑	**$45** ❑	**$50** ❑
****Fall Fellowship** at Burks UMC from November 16-17, 2012	**$15** ❑	**$20** ❑	**$25** ❑
→***Pay for **Fall Fellowship** and **Lodge Banquet** together $5 OFF*	**$25** ❑	**$35** ❑	**$55** ❑
****Lodge Banquet** at Burks UMC on November 16, 2012	**$15** ❑	**$20** ❑	**$35** ❑
Spring Fellowship March 22-23, 2013	**$15** ❑	**$20** ❑	**$25** ❑
Spring Ordeal at Skymont from May 3-4, 2013			
Arrowmen	**$20** ❑	**$25** ❑	**$30** ❑
Brotherhood Candidates requirements in book and online.	**$30** ❑	**$35** ❑	**$40** ❑
Ordeal Candidates check lodge web site for information. Note your fee includes dues for current year.	**$40** ❑	**$45** ❑	**$50** ❑
2012 Lodge dues	**$10** ❑ **1yr**	**$18** ❑ **2yrs**	**$25** ❑ **3yrs**
2013 Lodge dues	**$10** ❑ **1yr**	**$18** ❑ **2yrs**	**$25** ❑ **3yrs**
TOTAL	**$**_____		

Name:_____ Gender: (M) (F) D.O.B. _____

Unit Number:_____ District: (John Ross) (Mission) (Mountain) (Ocoee) BSA ID #:_____

Email Address:_____

Home Address:_____ City:_____ State:____ Zip:_____

Phones: Home: (_____)_____ Cell: (_____)_____ Work: (____)_____

In the event of an emergency, please contact:

Name:_____

Phones: Home: (_____)_____ Cell: (_____)_____ Work: (____)_____

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 (or 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).

Date_____ Guardian/Adult Signature:_____

Bring a copy of BSA health form (Class A, B, and C) to events. You can find one at http://tali293.org/events.htm.

Lodge Chief: Logan Bailey, leb8304@comcast.net or (423) 413-9767
Lodge Adviser: Tommy Rogers, scoutlaw@charter.net or (423) 313-5757
Staff Adviser: Ryan Ivey, ryan.ivey@scouting.org or (423) 892-8323 x114

Mail this from with payment to:
Cherokee Area Council, BSA
Order of the Arrow
6031 Lee Hwy.
Chattanooga, TN 37421

Make checks payable to:
Boy Scouts of America
(Note on the check that it is for **6OA** and name of event)