

**2013-2014 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 27-29, 2013			
Arrowmen	\$20 <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$30 <input type="checkbox"/>
Brotherhood Candidates requirements in book and online.	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	\$40 <input type="checkbox"/>
Ordeal Candidates check lodge web site for information. Note your fee includes dues for current year.	\$40 <input type="checkbox"/>	\$45 <input type="checkbox"/>	\$50 <input type="checkbox"/>
**Fall Fellowship at Burks UMC from November 15-16, 2013	\$15 <input type="checkbox"/>	\$20 <input type="checkbox"/>	\$25 <input type="checkbox"/>
→**Pay for Fall Fellowship and Lodge Banquet together \$5 OFF	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>	\$55 <input type="checkbox"/>
**Lodge Banquet at Burks UMC on November 16, 2013	\$15 <input type="checkbox"/>	\$20 <input type="checkbox"/>	\$35 <input type="checkbox"/>
Spring Fellowship March 14-15, 2014	\$15 <input type="checkbox"/>	\$20 <input type="checkbox"/>	\$25 <input type="checkbox"/>
Spring Ordeal at Skymont from May 2-4, 2014			
Arrowmen	\$20 <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$30 <input type="checkbox"/>
Brotherhood Candidates requirements in book and online.	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	\$40 <input type="checkbox"/>
Ordeal Candidates check lodge web site for information. Note your fee includes dues for current year.	\$40 <input type="checkbox"/>	\$45 <input type="checkbox"/>	\$50 <input type="checkbox"/>
2013 Lodge dues	\$10 <input type="checkbox"/> 1yr	\$18 <input type="checkbox"/> 2yrs	\$25 <input type="checkbox"/> 3yrs
2014 Lodge dues	\$10 <input type="checkbox"/> 1yr	\$18 <input type="checkbox"/> 2yrs	\$25 <input type="checkbox"/> 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: Warren Diegel, WDiegel@UNUM.com or (423) 294-8092
 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 **60A** and name of event)

