



Order of the Arrow
Ta Tsu Hwa Lodge 138



Cub World Service Day
November 7, 2009
Zink Scout Ranch

We will be putting up about 90 tents.
Many brothers working together means we get done quickly.
8 AM to 12 Noon

FREE LUNCH!!!!

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Brotherhood Candidates: Includes Brotherhood Sash and Flap

Candidates are to arrive in complete Class A uniform. You will need to have your letter addressed to the Lodge Secretary and be ready for the Brotherhood hike at 12:45 PM Sharp
(If your late, you will not be allowed to participate)

- Early Bird Fee \$18.00 (if paid before October 16, 2009)**
- Late Fee \$28.00 (after Nov 1, 2009)**

MEMBER FREE!!!! WE JUST NEED YOU TO FILL OUT THE FORM SO WE CAN ORDER LUNCH FOR YOU!!!

The Trading Post will be open!

So bring extra money to buy new items and to build up your trading stock.

Name: _____ BSA ID Number _____

Address: _____ (BSA Number is Required)

City: _____ State: _____ Zip: _____ Phone: _____

Chapter: _____ Unit: _____ If under age 21, What Adult OA

member at this event responsible for you: _____

Make checks payable to: INDIAN NATIONS COUNCIL, BOY SCOUTS OF AMERICA

Event Code 6025



PERSONAL HEALTH and MEDICAL RECORD

This form is to be filled out by either a parent, guardian, or adult participant. Please print in ink.

Name _____ Date of Birth ____/____/____ Age _____

Name of parent or guardian _____

Address _____ City _____ State _____ Zip _____

Work Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Unit _____ E-mail address _____

Ordeal date ____/____/____ Brotherhood date ____/____/____ Vigil date ____/____/____

If parent or guardian named above is not available in the event of an emergency, please notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Personal Health/Accident insurance carrier _____ Policy No. _____

List Medications to be taken and directions for use: _____

Limitations, either physical or behavioral: _____

Allergies: _____

Date of last Tetanus Shot _____

I give permission for full participation in BSA programs, subject to limitations above. **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 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 injections of medications for my child (or for me, if participant is an adult).

Date ____/____/____ Signature of parent/guardian or adult _____

If under the age of 21, what adult who is attending the event will be responsible for you and your conduct?
