

# Tutelo Lodge #161 2010 Function Form



MAIL TO: Blue Ridge Mountains Council  
 Boy Scouts Of America  
 PO Box 7606  
 Roanoke, Virginia 24019-0606

Check here if this is new or updated information.

Please fill in all information for our records. Type or print clearly.

Name(full): \_\_\_\_\_

Address: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

BSA ID#: \_\_\_\_\_

District:  Catawba  Rawenok  Moneton  Saura  
 V-Da-Li  Koo Koo Ku Hoo  Wil Kip Jo  Tuscarora

Birthdate

Troop/Crew

Troop Rep



Please Circle  
YES NO

Honor (include dates)

— Ordeal

— Brotherhood

— Vigil

 /  / 
 /  / 
 /  / 

Email: \_\_\_\_\_

**PARENTAL & MEDICAL RELEASE,  
 TEMPORARY GUARDIAN DESIGNATION  
 REQUIRED FOR ALL YOUTH PARTICIPANTS UNDER  
 18 YEARS OF AGE**

This form must be signed by the youth's parent/legal guardian to be eligible to attend, Except for the signature, print all information.

Parent's Signature: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Special Notes or Allergies: \_\_\_\_\_

**Functions start at 7:00PM Friday and End 11:00AM Sunday. Ordeal Candidates need the following gear: Full Class A Uniform, work clothes, work gloves, water bottle, sleeping bag, ground cloth & tent for Saturday**

**TEMPORARY GUARDIANSHIP DESIGNATION(check one)**

\_\_\_\_\_ Parent/legal guardian will participate in this event.

\_\_\_\_\_ The following Scouter(adult) has agreed to act as temporary guardian for my son to, from, and during this event.

PRINTED NAME: \_\_\_\_\_

**YOUTH AGREEMENT**

I agree to obey the rules and regulations provided by the BSA and the Blue Ridge Mountains Council. I also understand I will be responsible to the OA leadership and, if applicable, also to the above named Temporary Guardian during this event and the trip to and from the event.

YOUTH SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

If **Attending** check the **A** box next to the function.

If **Elangomat** check the **E** box next to the function

*(Elangomats do not Pay)*

**All ORDEAL and BROTHERHOOD candidates will pay a candidate fee IN ADDITION TO the normal fee for the function that they are attending**

- |                          |  |  |
|--------------------------|--|--|
| <input type="checkbox"/> | <b>Ordeal Candidate</b>  | <b>\$20.00</b>   |
|                          | <i>(in addition to the function fee below)</i>                         |  |
| <input type="checkbox"/> | <b>Brotherhood Candidate</b>   | <b>\$15.00</b>   |
|                          | <i>(in addition to the function fee below)</i>                         |  |
| <b>A</b>                 | <b>E</b>   |  |
| <input type="checkbox"/> | <input type="checkbox"/>   | Spring Ordeal May 14-16 \$15.00                        |
| <input type="checkbox"/> | <input type="checkbox"/>   | Summer Ordeal June 4-6 \$15.00                         |
| <input type="checkbox"/> | <input type="checkbox"/>   | Fall Ordeal Sept 10-12 \$15.00                         |
| <input type="checkbox"/> | <input type="checkbox"/>   | Fall Fellowship Oct 8-10 \$15.00<br><i>(No Ordeal)</i> |
| <input type="checkbox"/> | <input type="checkbox"/>   | Winter Banquet TBA \$20.00                             |
| <input type="checkbox"/> | <input type="checkbox"/>   | 2010 Dues \$10.00                                      |
| <input type="checkbox"/> | <b>*TUTELO GOLD CARD</b>   | <b>\$75.00</b>   |
|                          | Includes all Functions, Patches and Dues.<br>Must be paid by April 30. |  |

**TOTAL ENCLOSED \$ \_\_\_\_\_**

**Function fees must be in the council office  
 10 days prior to the function.  
 \$20.00 Late Fee at the door.**

**IMPORTANT INFORMATION**

Please read carefully.

I hereby authorize my aforementioned child to attend the following Tutelo Lodge #161 functions (circle appropriate one):

- SPRING ORDEAL \*\*\*\*\* (CAMP OTTARI)**
- SUMMER ORDEAL \*\*\* (CAMP POWHATAN)**
- FALL ORDEAL \*\*\*\*\* (CAMP POWHATAN)**
- FALL FELLOWSHIP \*\* CAMP POWHATAN)**

and give my permission for his full participation in this OA/BSA event. In the event of illness or accident going to or from or during this event, I request that treatment be instituted without delay as judgement of medical personnel dictates. In the case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the Order of the Arrow leadership to render proper treatment which may include hospitalization, anesthesia, surgery, and injection of medications.