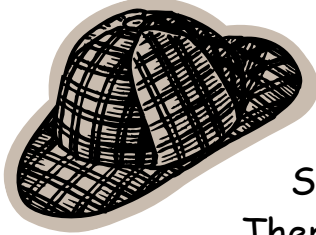


"SECRET AGENTS...Live a Life Of Danger"

PELLISSIPPI LODGE OA
SPRING FELLOWSHIP
AT CAMP BUCK TOMS
MARCH 26-28, 2010



Spring Fellowship is approaching swiftly!
There will be great FUN, exciting, new games.
"Where Detectives Meets Forensics"

Enjoy good food and strengthen bonds of brotherhood.
So come out to Camp Buck Tom's for a Great
Weekend with the Order of the Arrow.

It is every man's obligation to put back into the world at least the equivalent of what he takes out of it. - Albert Einstein

Cost: **\$20** Early Registration (received or *postmarked* by March 19)
\$25 Late Registration (after March 19) & Walk-On

Mail this form to:
Pellissippi Lodge OA Spring Fellowship 2010
Great Smoky Mountain Council
PO Box 51885
Knoxville, TN 37950-1885

For More Information, Contact:
Joseph Stombaugh
oa.drummer@yahoo.com
(865)-742-4843

Name: _____ Date of Birth: ___ / ___ / _____

Chapter: _____ Honor Level (circle and put dates):
Ordeal ___/___/___ Brotherhood ___/___/___ Vigil ___/___/___

I am (circle one): Male / Female

Email Address: _____ Check to receive Lodge News

Guardian Name: _____ Phone # (_____) _____ - _____

Home Address: _____ Phone # (_____) _____ - _____

City: _____ State: ___ Zip: _____ BSA Id #: _____

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 (if adult participant, my spouse, or next of kin). In the event contact 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, if participant is an adult).

Date: ___ / ___ / ___ Guardian /Adult Signature: _____

****Please attach a BSA Class I Health Form****