

2010 Pellissippi Lodge Universal Event Registration

With this form, you can easily register for as many or as few of the great events that your Lodge will conduct throughout the year. Just select the events that you wish to attend, fill out the rest of the form. February 1, 2010. is the deadline .Registration for all 5 events reflects a \$17 savings. Pay the price in parenthesis if you are registering for less than all five events.

- ___\$20 (\$25) Winter Banquet, February 13, Crown College
 - ___\$18 (\$20) Spring Fellowship, March 26-28, Camp Buck Toms
 - ___\$18 (\$20) Spring Ordeal Staff, May 22–23, Camp Buck Toms
 - ___\$10 (\$10) Elangomat Fee Spring/Fall/ Both -Please Circle
 - ___\$18 (\$20) Fall Ordeal Staff August 13-15, Camp Pellissippi
 - ___\$21 (\$27) Fall Fellowship+ Lodge Dues, September 10-12, Camp Buck Toms
- \$_____ TOTAL PAID (Make Checks payable to BSA) NO REFUNDS

Name (Full Name, No Nicknames): _____ D.O.B. ___/___/_____

Chapter: _____ Honor Level: Ordeal(___/___/___) Brotherhood (___/___/___) Vigil (___/___/___)

Gender: _____ Troop Number: _____

During Spring Ordeal, I am serving as: Elangomat/ Ceremonies/ Service Staff/ Kitchen Staff

During Fall Ordeal, I am serving as: Elangomat/ Ceremonies/ Service Staff/ Kitchen Staff

Email Address : _____ () Check to receive Lodge News

Guardian Name: _____

Phone: _____

Home Address: _____

Phone: _____

City: _____ State: _ _ Zip: _ _ _ _ _ BSA ID #: _ _ _ _ _

If person listed above is not available in the event of an emergency, please contact:

Name: _____

Phone: _____

Health Insurance: _____ Policy

Number: _____

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 participant is an adult, 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, if participant is an adult).

Date: _____ Guardian/Adult Signature: _____

Please attach a BSA Class 1 health form. These are available on the Lodge Website.

Mail this form with payment to: Great Smoky Mountain Council, BSA
PO Box 51885 Knoxville, Tennessee 37950