

Pellissippi Lodge

2008 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, and send it before early registration end dates announced prior to event. (Late & walk-on fees will be more)

- ~~___ \$20 - Winter Banquet, February 2, Crown College~~
- ___ \$25 - Spring Fellowship, March 28-30, Camp Buck Toms
- ___ \$15 - Spring Ordeal Staff, May 30-June 1, Camp Buck Toms
- ___ \$15 - Fall Ordeal Staff, August 8-10, Camp Buck Toms
- ___ \$32 - Fall Fellowship + lodge dues, September 5-7, Camp Buck Toms

\$_____ **Total Paid** (Make checks payable to BSA) **NO REFUNDS**

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

Chapter: _____ Honor Level (circle one): Ordeal / Brotherhood / Vigil

I am (circle one): Male / Female

~~Number of guests attending Winter Banquet: _____~~ Total paid (include in above total): \$ _____

During Spring Ordeal, I am going to serve as: Elangomat / Ceremonies / Service Staff / Kitchen Staff

During Fall Ordeal, I am going to serve 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 above is not available in case of emergency please contact:

Contact Name: _____ Phone #: _____

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 (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 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****

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