

Pellissippi Lodge
2009 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 in by Jan. 20, 2009. *Registration for all 5 events reflects a \$20 savings.* Pay the price in parenthesis if you are registering for less than all 5 events.

___ \$21 (\$25)- Winter Banquet, February 7, Location TBA
___ \$21 (\$25)- Spring Fellowship, March 27-29, Camp Buck Toms
___ \$11 (\$15)- Spring Ordeal Staff, May 29 – 31, Camp Buck Toms
___ \$11 (\$15)- Fall Ordeal Staff- August 14-16, Camp Pellissippi
___ \$28 (\$32)- Fall Fellowship+ Lodge Dues, September 18 - 20, Camp Buck Toms
\$ _____ TOTAL PAID (Make Checks payable to BSA) NO REFUNDS

Name (Full Name, Please. No Nicknames): _____ D.O.B. ___/___/___
Chapter: _____ Honor Level: Ordeal(___/___/___) Brotherhood (___/___/___) Vigil (___/___/___)
Gender: _____ Troop Number: _____
Number of guests attending Winter Banquet: _____ Total paid(Include in above total): _____

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