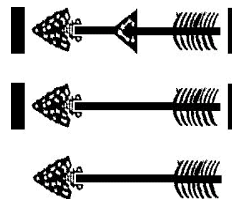




Gila Lodge #378 Order of the Arrow

Cochise - Geronimo - Mescalero - Nesatin - Tortugas - Wapaha
Yucca Council, Inc., Boy Scouts of America
P.O. Box 971056, El Paso, Texas 79997-1056
7601 Lockheed Drive, El Paso, Texas 79925
Telephone 915-772-2292



Registration Form

(Registration will close at 9:30pm sharp on Friday Night)

EVENT: 2015 Gila Lodge Spring Ordeal Weekend – May 1-3, 2015
TIME: Member registration; Friday, 7:00 to 9:30 P.M. Depart; Sunday 11:00 A.M.
WHERE: Camp Wehinahpay, Sacramento, NM (575) 687-2691

ALL LODGE MEMBERS WHOSE 2015 ANNUAL DUES ARE PAID:

I will attend the Spring Ordeal and have enclosed the registration fee of _____ \$20.00. This covers the food and events. I understand that this fee must be postmarked to the Yucca Council Office not later than April 24, 2015.

ALL LODGE MEMBERS WHOSE 2015 ANNUAL DUES ARE NOT PAID:

I will attend the Spring Ordeal and have not paid my 2015 lodge dues (01-01-2015 to 12-31-2015) enclosed is the \$20.00 plus an additional \$10.00 for dues, a total of \$30.00. I understand this fee must be postmarked to the Council office not later than April 24, 2015

I cannot attend the Spring Ordeal but wish to pay my 2015 lodge dues (01-01-2015 to 12-31-2015) to remain *active*, enclosed is \$10.00

ALL LODGE MEMBERS WHO HAVE PURCHASED THE YEARLY (Season) PASS:

I will attend the Spring Ordeal. I have paid my dues and attendance fee through the Yearly Pass.

Name _____ Address _____

City _____ State _____ Zip _____ Telephone _____

Date of Birth _____ Unit # _____ District _____

Rank (youth) _____ or Position (adult) _____

Signature _____ Date _____ Email _____

Total Enclosed: \$ _____ Cash _____ Check _____ Please make checks payable to: "Gila Lodge - B.S.A."

____ Visa _____ MC _____ AMX _____ Disc Name on Card _____

Credit Card # _____ exp date _____

With credit card information, you may mail this form to the Scout office, call the office at 915-772-2292 or e-mail to Debra.Squillini@scouting.org (Debra Squillini)

All participants under the age of 18 (DOB after 4/30/1997) must complete the Medical & Permission Form below. Other participants should complete to ensure their medical history is available if needed.

Parent's / Spouse's Name _____ Address _____

City _____ State _____ Zip _____ Telephone (home #) _____

Telephone (work #) _____ (emergency #) _____

Family Physician _____ Telephone _____

Health Insurance _____ Policy No. _____

Date of immunization for tetanus toxoid _____

Any condition that may require special care? _____

Any condition now requiring regular medication? _____

Any special dietary requirements? _____

Any restriction of activity for medical reasons? _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION

This health history is correct so far as I know, and the person herein described has my permission to attend the event described above and to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician, selected by any adult leader in charge, to hospitalize, secure medical care and proper anesthesia, or to order injection for my son.

SIGNATURE _____ **DATE** _____

If you need more information on the Ordeal weekend, please call the Lodge Chief, Andrew Stokes at 915-592-5515, or Lodge Adviser, Lowell Stokes at 915-241-8985 lowellandchris@msn.com