

Order of the Arrow- Wachtschu Mawachpo Lodge #559 Event Registration Form 2009

Wachtschu Mawachpo Lodge #559
 Westark Area Council #16
 1401 Old Greenwood Road
 Fort Smith, AR 72901-4251

Name: _____
 Address: _____
 E-mail address: _____
 Phone Number: _____
 Unit # _____ Chapter: _____

OA Honor (Circle One)
 Ordeal
 Brotherhood
 Vigil

Revised 1/15/09

Event	Event Date	Registration Due Date	Office Use Only!	Event Fee	Early Pay Discount	Total Enclosed
Spring Ordeal/Brotherhood/Vigil	May 29-31, 2009 Camp Orr	May 15, 2009	Account Code 6OAOR	\$20.00	-\$5.00	
Summer Ordeal/Brotherhood	August 14-16, 2009 RSR	July 31, 2009	Account Code 6OAOR	\$20.00	-\$5.00	
Fall Fellowship	November 13-15, 2009 TBA	October 30, 2009	Account Code 6OAFB	TBA	-\$5.00	
2009 Lodge Banquet Ozark Chapter	January 9, 2010 TBA	December 18, 2009	Account Code 6OABN	TBA	-\$5.00	

Ordeal Candidates and Brotherhood Candidates must use the Ordeal Candidate or Brotherhood Candidate registration form.

Check -in Time: Friday night between 6:00 PM and 9:00 PM Check-out: After the General Business meeting on Sunday Morning.

- Everyone who attends must register and pay the event fee. Active registration in the Boy Scouts of America and current year dues will be confirmed for all persons registering. If either of the above is not current, one must pay those fees before attending any event. This is a National BSA Requirement and must be followed.
- Refunds will not be issued unless a written request is received at the Westark Area Council service center in Fort Smith by 5:00 PM on the Tuesday preceding the event. There will be no refunds issued if notification is received after that time and date.
- Complete Boy Scout Field Uniform is required for ceremonies, Saturday dinner and Sunday morning breakfast, chapel and business meeting.

Medical Authorization

In the event of an accident or medical emergency involving the Scout or Scouter registered above, I/We Hereby authorize any adult Scouter(s) to effect whatever action they deem necessary to aid the stricken Scout or Scouter. This is to include first aid rendered or supervised by a Scouter(s), licensed Nurse, registered nurse, registered EMT(s), physician(s), or any other medical/surgical person(s). I/We also authorize transportation, by whatever means, to and from any licensed medical/surgical facility.

I/We understand that all reasonable and timely efforts will be made to contact me or us before extended medical/surgical procedures are undertaken, but if unsuccessful, we hereby authorize any Scouter(s) involved to sanction whatever medical/surgical action/treatment is recommended by the licensed physician(s) involved.

I/We realize failure to sign this release could result in inadequate medical/surgical treatment of a Scout registered above.

Authorization is effective from January 1, 2009 through December 31, 2009.

Member's signature _____

Parent or Guardian if under 18 _____