



Pamola Lodge

Member Registration Form

Fall Fellowship & Induction Weekend



At Camp Roosevelt

October 14-16, 2011

Please Print Clearly

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

_____ I will be an Elangomat (no **REGISTRATION** fee) this weekend (Yes or No)

FEES:

_____ **Regular Registration Fee** **\$20.00**

_____ **Early Bird Registration Fee** **\$15.00** (if **PAID and RECEIVED** before October 10th, 2011)

_____ **Elangomat Registration Fee (no fee)** (for those that have been assigned Elangomat duties by Ordeal Leader Kevin Connolly. If you wish to be an Elangomat, please contact Kevin first at 285-3517)

+ _____ **Brotherhood Fee** **\$15.00** (for those who have been a member of Pamola Lodge for at least 10 months and have fulfilled the Brotherhood requirements)

+ _____ **Dues** **\$10.00**

= _____ **Total Paid**

**All fees MUST be paid at the time of registration:
Please make checks payable to "KAC" or "Katahdin Area Council"**

All participants must fill out this information:

In case of emergency call _____ Telephone _____

ALLERGIES (if any) _____

MEDICATION (if any) _____

Insurance Company _____ Policy No. _____

CHANGE IN MEDICAL CHECK IN PROCEDURE:

All participants must bring a copy of the Class 2 Medical Form or whatever was used for Scout Camp.

If the participant is under age 18, a parent or legal guardian must sign following form:

I hereby give my permission for my son to participate in the Order of the Arrow Induction weekend. I understand that there may be a degree of physical involvement of my son, and I release Pamola Lodge and Katahdin Area Council of any liability. In the event of a medical emergency, I authorize the OA to seek any surgical or medical help necessary for my son. All medical treatment not covered by insurance shall be solely at my expense.

Signature _____ Date _____