

2010 SPRING FELLOWSHIP

Camp Napowan

May 14-16, 2010



The annual Spring Fellowship at the Napowan Adventure Base is co-hosted by the Order of the Arrow and the Wilderness (“Wild”) Engineers. Enjoy time with old friends and make new ones. Help us prepare the camp for another great summer and be inspired by great ceremonies. The Spring Fellowship has it all!

Check-in begins at 6PM on Friday night. Check-out after 10AM on Sunday. Ordeal Candidates may go through their Ordeal at this event. Current eligible Ordeal members are encouraged to complete their Brotherhood. New Vigil call-out Saturday night after 7PM Saturday, all Vigil members are requested to attend.

REGISTER NOW BY RETURNING THE FORM BELOW WITH YOUR REGISTRATION FEE(S)

2010 Lakota Lodge Spring Fellowship

Please return by May 8, 2010

Name: _____ Phone: _____

<p>Youth <input type="checkbox"/> or Adult <input type="checkbox"/></p> <p>Troop: _____ If Attending With Troop <input type="checkbox"/> Please Check Box</p> <p>District (circle one): Blackhawk North Woods Pathfinder Signal Hill</p>	<p>Honor (pick one):</p> <p>Candidate <input type="checkbox"/> Vigil <input type="checkbox"/></p> <p>Ordeal (year _____) <input type="checkbox"/></p> <p>Brotherhood <input type="checkbox"/> Non-OA <input type="checkbox"/></p>
--	---

	By May 8	After May 8	
Ordeal Candidates:	\$35.00	\$35	Mail to: Northwest Suburban Council 600 N. Wheeling Road Mt. Prospect, IL 60056 Account # 1-2371-035-00
Brotherhood Candidates:	\$25.00	\$30	
General Membership	\$15.00	\$20	
2010 Dues (if not yet paid)	\$10.00	\$10	

Total Enclosed: _____

Any Allergies or illnesses we need to know about? _____

Any medications we need to know about? _____

Emergency contact: Name _____ **Phone:** _____

Lodge permission slip required for all youth (next page).



Order of the Arrow, Lakota Lodge #175 Event Permission Form

I hereby authorize my son, _____, to travel to and from and to participate in an activity with Lakota Lodge #175 for **Spring Fellowship 2010** located in **Wild Rose WI** for dates from **May 14, 2010** to **May 16, 2010**.

In the case of an accident or emergency, I authorize the adult leaders accompanying the Lodge and Boy Scouts on this activity to do what they deem necessary to properly care for my son, including seeking emergency medical treatment for him.

I agree and acknowledge that I shall be financially responsible for all costs arising from any medical treatment received by my son on this activity. I authorize the release and the use of the below listed Medical Insurance Information. I hereby indemnify and hold harmless and release from liability from any and all claims or actions arising out of this activity, the adult leaders accompanying the Boy Scouts on this activity, the Boy Scouts of America, the Northwest Suburban Council, Order of the Arrow, Lakota Lodge #175, and all membership/leadership/volunteers of the preceding groups, and waive all rights to damages in any form that may occur in connection with this activity.

Medical Insurance Information:

Medical Insurance Carrier _____ Policy Number _____

List medications needed for this activity: _____

In case of emergency, I can be contacted at the following numbers during this activity:

Parent's Name: _____

Home Phone: _____

Additional number(s): _____

Alternative Emergency Contact person & number(s)

: _____ : _____

: _____ : _____

: _____ : _____

Parent Signature: _____ **Date:** _____