

FREE | FREE | FREE | FREE | FREE | FREE | FREE | FREE | FREE



2001 Cahuilla Lodge OA Service Weekend

The OA Service Weekend is Cahuilla Lodge's chance to give Camp Emerson and California Inland Empire Council great service by helping to close down for the summer and help maintain our beautiful Boy Scout Camp!

A Lodge Executive Committee (LEC) meeting will be held in Denbo Lodge on Saturday Evening!

August 17 – 18, 2001 at beautiful Camp Emerson

Price is Free! We'll feed you, just come with a cheerful spirit!

Don't forget to bring work gloves, a change of clothes, and your Boy Scout Uniform!

(NOTE: Those under 18 MUST have a consent to treatment form filled out and signed to attend!)

YES! Sign Me Up For The Best Cahuilla Lodge Event Of The Year!

Please mail to:
2001 OA Service Weekend
CIEC – BSA
1230 Indiana Court
Redlands, CA 92374

(NOTE: All Who Will Be Attending MUST Fill Out This Flyer, Even Though The Event Is Free)

Office Use Only:

Receipt #: _____

Date

Received: _____

	Name	Chapter	Age	Are You Ready To Give Exceptional OA Service (check below)?
1			<input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> Yes! I Am Ready To Give Service! <input type="checkbox"/> Yes! I Am Ready To Give Service!
2			<input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> Yes! I Am Ready To Give Service! <input type="checkbox"/> Yes! I Am Ready To Give Service!
3			<input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> Yes! I Am Ready To Give Service! <input type="checkbox"/> Yes! I Am Ready To Give Service!
4			<input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> Yes! I Am Ready To Give Service! <input type="checkbox"/> Yes! I Am Ready To Give Service!
5			<input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> Yes! I Am Ready To Give Service! <input type="checkbox"/> Yes! I Am Ready To Give Service!

MUST BE COMPLETED IF UNDER 18 YEARS OF AGE!!!

Name of Minor _____ Date of Birth _____

I/We give permission for my/our son to attend the regularly scheduled Order of the Arrow event to be held on its corresponding registered date. I also authorize the California Inland Empire Council, Boy Scouts of America, or such substitute, as designated, as agent for the undersigned, to consent to an X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by, and to be rendered under, the general or special supervision if any physician or surgeon, licensed under the Provision of Medicine Act, or any dentist licensed under the Dental Practice Act, where such diagnosis or treatment is rendered at the office of said physician or dentist at a hospital, scout camp, or elsewhere.

Parent/Guardian (print)		Signature	
Address		City	Zip
Home Phone		Work Phone	
Are You Covered by Medical Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name and Policy Number	
Alternate Person To Contact	Relationship	Phone	

DON'T FORGET TO BRING THIS FORM WITH YOU TO THE EVENT