



Those who attended last year received this patch!

# 2004 Vigil Honor

## Reunion

### A Time To Serve

CAHUILLA LODGE 127 IS INVITING ALL VIGIL HONOR MEMBERS NEW AND OLD TO CAMP HELENDADE FOR A WEEKEND OF FELLOWSHIP AND SERVICE.

WHEN: NOVEMBER 19 - 21, 2004 AT CAMP HELENDADE

COST: \$25.00 EACH (GOLDEN ARROW DOES NOT APPLY)

WHAT TO BRING: TRADING PATCHES, DISPLAYS, STORIES TO TELL, HAMMERS, RAKES, SHOVELS, PAINT BRUSHES AND YOUR MEASURE OF THE CAHUILLA SPIRIT! QUESTIONS SHOULD BE DIRECTED TO REUNION ADVISER **CHRIS MANNING** AT [2SHIELDS@SPEEDBAND.COM](mailto:2SHIELDS@SPEEDBAND.COM).

WE ARE PLANNING A WEEKEND OF FELLOWSHIP COMBINED WITH SERVICE PROJECTS THAT BENEFIT EVERYBODY THAT USE CAMP HELENDADE. OUR HOPE IS THE VIGIL MEMBERS WILL LEAD BY EXAMPLE. IT'S SURE TO BE A GREAT WEEKEND.

**YES! Sign Me Up For 2004 Vigil Honor Reunion**

Please mail to:  
**2004 OA Vigil Honor Reunion**  
**CIEC – BSA**  
**1230 Indiana Court**  
**Redlands, CA 92374**

**(NOTE: Checks should be made payable to "Boy Scouts of America")**

**Office Use Only:**

Receipt #: \_\_\_\_\_  
 Date \_\_\_\_\_  
 Received: \_\_\_\_\_

	Name	Chapter (Mark Alumni if N/A)	Age <input type="checkbox"/> Youth <input type="checkbox"/> Adult	Total Fees (\$):
1				
2				
3				

## **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***