



2012 Indian Affairs Flier

Cahuilla Lodge #127, Order of the Arrow, California Inland Empire Council, BSA

Members In The Order Of The Arrow

June 1 – 3 at Camp Emerson at Boseker Scout Reservation in Idyllwild

Please come and support the OA at our yearly Indian Affairs Weekend.

MEMBERS MUST PAY THEIR MEMBERSHIP DUES PRIOR TO ATTENDING THE WEEKEND BY MAIL OR ON LODGE WEB SITE

NOTICE:

**YOUTH (Under 18 years old) MUST BRING (HAND CARRY) THEIR COMPLETED PERMISSION SLIP WITH THEM TO CAMP
DO NOT MAIL TO COUNCIL**

All fees for each Indian Affairs weekend are due (7) seven days prior to the event if you are not participating in activities. **Any late registrations will incur a \$5.00 late fee.** Members who have not paid their annual dues before the event will be expected to PAY DUES at the event. **May 1st deadline for activities money to be received at Council Office.**

----- (CUT AT LINE : SEND BELOW TO COUNCIL WITH PAYMENT) -----

The following **activities** require payment to be included with registration by May 1, 2012.

<input type="checkbox"/>	\$35.00 Wool Legs	_____ Blue, _____ Black, _____	Qty. _____	Total _____
<input type="checkbox"/>	\$15.00 Breech Cloth	_____ Blue, _____ Black, _____ Red, _____ Green	Qty. _____	Total _____
<input type="checkbox"/>	\$12.00 Choker		Qty. _____	Total _____
<input type="checkbox"/>	\$71.00 Bone Breast Plate		Qty. _____	Total _____
<input type="checkbox"/>	\$20.00 Moccasin Kit		Qty. _____	Total _____
<input type="checkbox"/>	\$15.00 Hair Ornament Beading		Qty. _____	Total _____
<input type="checkbox"/>	\$80.00 Hand Drum		Qty. _____	Total _____
Grand Total:				\$ _____

Weekend	I will be attending as (write only one:)	Fee Due (\$)
June 1-3, 2012		

Name: Last	First	M.I.
Address: Street	City	Zip
Phone (Home)	Email	Date of Birth (mm/dd/yr)
		/ /

Fees Are As Follows (if paid on time):
 \$20.00
 \$5.00 Late Fee
 May 1st deadline for payment of activities.

Mail To:
 BSA – OA Indian Affairs
 P.O. Box 8910
 Redlands, CA 92375-2110
 • Please make checks payable to Boy Scouts of America.



ORDER OF THE ARROW PERMISSION SLIP

*(This form **must be hand carried to camp** and turned in when registering at the event)*

NO YOUTH WILL BE ALLOWED TO PARTICIPATE IN AN ORDER OF THE ARROW FUNCTION WITHOUT A SIGNED PERMISSION SLIP. Scouts who appear to be ill will not be permitted to attend.

My son _____ has permission to attend the following Order of the Arrow function on _____ at _____.

MEDICAL CONSENT TO TREAT

I authorize the adult leaders of the Order of the Arrow to obtain **any emergency medical treatment or other assistance as needed** for my son in the event of injury or illness.

Phone number where Parent or Guardian can be reached:

Home Phone: _____ Cell Phone _____

Insurance Co. _____ Policy # _____ Physician _____

Alternate Person to contact in case of emergency, Name; _____ Phone; _____

Person designated to pick up Scout if returning home early; _____ Phone; _____

Medication, restrictions, or special instructions (If none, please write: "NONE"); _____

I have read, understood, and agree with this Medical Authorization:

Print Name: (Parent / Guardian) _____ Signature _____