



# Registration / Permission Form 2009 Winter Fellowship and Ordeal

Camp Tolochee on Little Blythe Island

Brunswick, Georgia

November 6-8, 2009

Check In: 6 pm – 8 pm on Friday Evening

Depart: 10:00am on Sunday Morning

Questions?

Contact Aaron Moore, 2009 Lodge Chief @ 912-261-8533 (home), and e-mail – [aaronmmoore@bellsouth.net](mailto:aaronmmoore@bellsouth.net)

Or Art Adams, Lodge Adviser, 904-261-6082(home) or 904-206-0463(cell), e-mail – [tikijam@msn.com](mailto:tikijam@msn.com)

## Pilthlako Lodge Permission Form

(For scouts under the age of 18)

SCOUT \_\_\_\_\_ has my permission to participate in the Spring Ordeal. I agree to my son's participation and waive all claims against the Leaders of this activity, officers, agents and representatives of the Boy Scouts of America. I also certify that my son is in good health and may participate in all normal activities of the group. In case of sickness or accident, I authorize the calling of a Physician to attend to my son and providing other necessary medical services including hospitalization at my expense.

Allergies: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Emergency Phone Numbers: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)

### IF RECEIVED BY October 30, 2009

\_\_\_\_\_ \$20.00 Member Attending

OR

\_\_\_\_\_ \$36.00 Brotherhood Candidate

(Including weekend fee)

\_\_\_\_\_ \$13.00 Dues for 2009

OR

\_\_\_\_\_ \$43.00 NEW Candidate (Includes 2008 dues)

### IF RECEIVED AFTER October 30, 2009

\_\_\_\_\_ \$25.00 Member Attending

OR

\_\_\_\_\_ \$41.00 Brotherhood Candidate

(Including weekend fee)

\_\_\_\_\_ \$13.00 Dues for 2009

OR

\_\_\_\_\_ \$43.00 NEW Candidate (Include 2008 Dues)

### ONE FORM PER PERSON!

Please fill out this form and return it with payment to:

**Pilthlako Lodge, Okefenokee Area Council BSA, 302 Screven Ave., Waycross, GA 31501**

**If paying by Credit Card, please phone (912) 283-6016 or fax form to (912) 283-6019**

**Accounting Code: 6801-718-20**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Information: Check # \_\_\_\_\_ Credit Card (circle) Visa MC Exp Date / \_\_\_\_\_

Card #

Card Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_