

Half Moon Lodge ♦ Order of the Arrow
FALL FELLOWSHIP WEEKEND
Camp Tri-Mount
September 10th to 12th, 2010



HIGHLIGHTS:

- Ordeal and Brotherhood Ceremonies
- Cheerful Service to OA and Camp
- The Silent Auction
- Training, Fellowship and Evening Socials
- Vigil Ceremony

Weekend Information

- Friday Registration, Lodge, 6:00-7:00 pm.
Ordeal Candidates must arrive before 7:00 pm, prepared to go directly on the trail for the night. NO EXCEPTIONS! (Pack Your Uniform!)
- Sleeping Accommodations will be assigned at arrival
 Arrowman are encouraged to bring a tent
- Sunday Departure will begin after the morning's Business Meeting (around 11:30 am)
- **Class A uniform will be worn for Saturday Dinner, Sunday Morning and all ceremonies**
- Please bring work clothes for oa/camp service projects (ie. boots, work gloves, etc.)
- Friday Evening Snack is at 10:00 pm, plan accordingly.

*For more information, please contact
 Lodge Adviser Bob DeRuyter (845) 246-1467 or lodgeadviser@halfmoonlodge28.org*

For directions to Camp go to www.rvwbsa.org

***Medical Form on back must be completed & submitted with payment!
 A late fee of \$20.00 will be added after September 3rd!***

2010 Fall Fellowship Weekend at Camp Tri-Mount

Name: _____ Unit: _____ Age: _____ (Required fields)
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone _____ E-mail _____

_____ # General Fee (not for Ordeal Candidates) @ \$30.00 = _____	
_____ # Ordeal Candidate Fee @ \$40.00 = _____	
_____ # Brotherhood Candidate Fee @ \$55.00 = _____	
_____ # Late Fees (after Sept 3) @ \$20.00 = _____	
_____ # Golden Arrow Members @ Free = \$0.00	
_____ # Golden Arrow Brotherhood @ \$25.00 = _____	

Please list any skills that you may have in order to assist in the Service Project Planning:

Please list any special dietary needs:

Total Enclosed = _____

Mail reservations with payment to: **Rip Van Winkle Council, BSA, 75 Pine Street, Kingston, NY 12401**

Make checks payable to: **Rip Van Winkle Council, BSA**

DEADLINE—AT COUNCIL OFFICE BY: September 3rd, 2010

Credit Account 1-2371-985-00

Personal Health & Medical History Form

>MEDICAL HISTORY<

Do you have any conditions requiring medication? _____

If yes, list medications _____

Are you restricted from any type of activity for medical reasons? _____

If yes, please explain: _____

Are you allergic to any foods, plants, or insects?: _____

If yes, please explain: _____

Consent and Medical Release Form

Parent Authorization: This health history is correct so far as I know and the person herein described has my permission to engage in all activities, except where noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult in charge to hospitalize, administer anesthesia, or to order injections for my son.

Signature: _____ Date: _____

Home Phone: _____

Phone # (where we can be reached during this activity) _____

Emergency Contact Name: _____

Emergency Contact Phone: _____