

Half Moon Lodge ♦ Order of the Arrow
SPRING SERVICE WEEKEND
Camp Tri-Mount
June 4—6, 2010



HIGHLIGHTS:

- Ordeal and Brotherhood Ceremonies
- Cheerful Service to Camp
- The Silent Auction
- Evening Socials
- Lodge Officer Elections

Weekend Information

- Friday Registration, Lodge, 6:00-8:30 pm.
Ordeal Candidates must arrive before 8:30 pm, prepared to go directly on the trail for the night. NO EXCEPTIONS! (Pack Your Uniform!)
- Sleeping Accommodations will be assigned at arrival
 Arrowman can bring a tent
- Sunday Departure will begin after the morning's Business Meeting (around 11:00 am)
- Class A uniform will be worn for Saturday Dinner, Sunday Morning and all ceremonies
- Please bring work clothes for 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 May 21st!***

Half Moon Lodge, Order of the Arrow Rip Van Winkle Council, B.S.A.
2010 Spring Service Weekend at Camp Tri-Mount

Name: _____ Unit: _____ Age: _____

Phone _____ E-mail _____

_____ # Early Bird General Fee	@ \$30.00 =	_____
not for Ordeal Candidates		
_____ # Ordeal Candidate Fee	@ \$40.00 =	_____
_____ # Brotherhood Candidate Fee	@ \$55.00 =	_____
_____ # Late Fees	@ \$ 20.00 =	_____
_____ # Golden Arrow Members	@ Free =	\$0.00
_____ # Golden Arrow Brotherhood	@ 25.00 =	_____
Total Enclosed =		_____

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

Please list any special dietary needs:

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

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

DEADLINE—AT COUNCIL OFFICE BY: May 21st, 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: _____ Other Phone#: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____