

## **AINA TOPA HUTSI LODGE**

Order of the Arrow Boy Scouts of America



## **RALLY The BROTHERS**

## **REGISTRATION FORM**

EARLY registration deadline: May 15 \*

A day of service for the camp with great food and an opportunity to earn your Brotherhood

## May 18-19, 2013 Saturday & Sunday BEAR CREEK

Check in at 8:00 AM Saturday morning at the Sports Pavilion

bring COPIES ONLY - Thank you

and an opportunity to earn your Brothe	rhood		mornii	ng at th	ne Sports	Pavili	ion
You may register online at http://www.	alamoareabsa.	org/O	A or you c	an use	this form		
First	Last						
Name: N	/ll: Name: _				Suf	fix:	
Address:	City:		ST:	: 7	۲ip:		
Date of Birth: MM/DD/YYYY format, please	Troop	Vars	sity 🗌 C	crew [	District/	Council nittee	
Gender (M or F):	Unit #:						
Phone #:  AREA CODE FIRST, please	CHAPTER (Dis	strict)	·				
Mobile #:	E-mail:						
Do you have any medical <b>problems</b>	? Ye	s [	7		No		
Do you require any prescription <b>med</b>					No		
Do you have any activity restriction		s	7		No		
Do you have any diet restrictions?			-		No		
Check your registration choi  Weekend Participant EARLY FE  Weekend Participant LATE FEE  Includes four meals and two cracker barrels—Friday night through Sunday morning  Saturday Only EARLY FEE	* \$15.00 * \$25.00		Check your participation  I plan to arrive on Friday evening  Ceremonialist Brotherhood team experience is needed  Learn how to do Ceremonies				
Saturday Only LATE FEE*  Includes Lunch, Dinner & Cracker barrel on Saturday  Brotherhood Conversion –	<u> </u>	You must complete the following:  • Bring to the council office this Registration Form along with your payment					
Sash is free but you must Register as a Me Must have 10 months as an Ordeal Membe Lodge Dues must be paid through current y	er 2.	•	<ul> <li>Bring to the event a current Annual Health and Medical Record</li> </ul>				
I am registering for the Brotherhood Ceremony only and will not be dining o staying overnight	r No Charge	NI.	form, parts A, B, & C in order to gai admittance to the event NOTE: Medical Record forms will k				
PLEASE SHOW TOTAL AMOUNT PAID	\$		stroyed a			_	