



Owasippe Lodge Fall Fellowship

Hoover Outdoor Education Center
September 8 – September 10, 2006

(Please Type or Print Neatly)

Name: _____ Youth [] Under 21
(Last) (First) (Initial)
Address: _____ Adult [] 21 - Over
City: _____ Zip: _____ Phone: () _____

Chapter:

- [] Gete Manitu (Iroquois District) [] Kittan (River Trails District) [] Leke Netopolis (Greater South Side District)
[] Mantowagan (Arrowhead District) [] Nacha Alluns (Indian Trails District) [] Shkote' Pne'si (Fort Dearborn District)

Special Medical Considerations or Allergies: _____

Return registration by September 1, 2006

Fees

- [] \$11.00 Regular Member with 2006 dues paid
[] \$23.00 Brotherhood Candidate with 2006 dues paid (Certification must be attached)
[] \$25.00 Ordeal Candidate (Includes Sash, Handbook, & Lodge Flap)
Candidates must check in between 7:00pm - 8:00pm on Friday and are expected to stay until 10:00am on Sunday
Bring a sleeping bag, ground cloth, work clothes, poncho or raincoat, complete class "A" uniform, and a tent if you are staying Saturday night.
[] \$8.00 Saturday Banquet Only – 8:00 P.M.

Transportation:

- [] I am able to provide transportation for _____ Arrowman
[] I will need transportation to and from the Fellowship

Make Checks Payable to: **Chicago Area Council, BSA** (Account No. 900125)

Mail registration To: Chicago Area Council
Owasippe Lodge
1218 W. Adams
Chicago, IL 60607
REGISTRATION DEADLINE BY 9-1-06
Additional \$ 10.00 fee for all late registrations

Certification of Preparation for the Brotherhood Honor*

Attach completed Brotherhood Certification form if you are a Brotherhood Candidate

MEDICAL RELEASE

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s). The person herein described is in good health, has all required immunization current, and I assume the health responsibility for the individual.

Date: _____ * Signature: _____ * Signature: _____

Emergency Phone: () _____

*If applicant is under 18 years of age a parent or guardian must sign