



OWASIPPE LODGE

Presents.....

Memorial Work Weekend 2004

May 28 – 31, 2004 Owasippe Scout Reservation Twin Lakes, Michigan

Fun and fellowship is being offered to all that participate on this great weekend. The outing is open to all members, Fathers and Friends who wish to come and provide some service to our summer camp. The leisure activities will provide opportunities for hiking, boating, horseshoes, volleyball, and fishing.

NOTE: Non-members are WELCOME and ENCOURAGED to attend this event. This is great opportunity for a special father & son weekend. Anyone requiring more information may contact Ray Galassi at (773) 925-7500 or Ted Kumzi at (708) 425-7445.

Chapter or District: _____ Youth [] (under 21)

Name: _____ Adult []

Address: _____

City / Zip: _____ Phone: _____

We need hammers, shovels, rakes, etc. We ask, if possible, that you aid Owasippe by bringing these tools to camp for the weekend to ease some of the burden. If you are able to bring any of these tools be sure to label them with your name and unit number.

[] Yes! I'm a skilled laborer and will be more than happy to loan my skills on this weekend.

Labor Skill: _____

[] I am a Certified BSA Lifeguard (needed to help run waterfront activities)

[] I will require a camp tent to be set up for me.

FEES:

[] \$18.00 Includes meals and special commemorative patch - [] Scouter [] Non Scouter

[] \$3.00 for additional commemorative patch

Registration Deadline is May 20, 2004

Make checks payable to: Chicago Area Council, BSA (Account # 900125)

Mail Registration to: Owasippe Lodge

C/o Chicago Area Council
1218 W Adams Street
Chicago, IL 60607 – 2802

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 of surgical treatment. Routine nonsurgical medical care, hospitalize, secure proper anesthesia, or to order injection(s). The person described above is in good health, all required immunizations current, and assume the health responsibility for the individual.

Signature _____ Date _____

Signature _____ Date _____

Emergency Contact Number _____

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