



Winter Camp XXIII

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Registration Form

Location: D bar A Scout Ranch, Metamora, MI
Cost: \$32.32 for youth
 \$38.38 for adults (21 and beyond)
Pre-Registration Deadline: Dec 17, 1999

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if no answer at home

Member Information

Name	
Address	
City	
Zip Code	
Home Phone	
Unit	
Scout Rank	

Name	
Relation	
Phone/Pager No.	

Special Health considerations or directions

Hospitalization Insurance Information

Company	
Member ID	
Other Info	

Ordeal

Ordeal	
Brotherhood	
Vigil	

In consideration of the benefits to be derived, and in view of the fact that the BSA is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my son during this activity or trip. I hereby agree to his participation and waive all claims against the leaders of this activity or trip and of officers, agents and representatives of the BSA.

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, nonsurgical medical care, hospitalization, secure proper anesthesia, or to order injection(s) for my son.

The person herein described is in good health, has all required immunization current, and I assume the health responsibility for the individual.

Send this Registration Form along with \$32.32 (\$38.38 for Adults) to:

Mahican Chapter Order of the Arrow.
 C/o Steve Donohue
 2042 Markese Ave
 Lincoln Park, MI 48146-2500

Parent or Guardian Signature
 and date required for youth members

Amount Paid \$ _____

Receipt No. _____

Winter Camp Receipt

Detach and save for your records

Name		Date Paid	
Amount Paid			