



Pamola Lodge 211

Member Induction Weekend Form

This form may be used for either weekend (please select one):

May 20-22, 2016 at MHA
EARLY BIRD DATE: May 13

October 14-16, 2016 at KSR
* EARLY BIRD DATE: October 7

Please Print Clearly

Name: _____ Birth date: _____

Address: _____

Phone Number: _____ Email Address: _____

_____ I will be an Elangomat (no REGISTRATION fee) this weekend (Yes or No)

FEES:

_____	Event Pass Holder	(prepaid)
_____	Regular Registration Fee	\$25.00
_____	EARLY BIRD Registration Fee	\$20.00 (if PAID by the * EARLY BIRD DATE *)
_____	Elangomat Registration Fee	(no fee)
+ _____	Brotherhood Fee	\$20.00
+ _____	Dues	\$10.00
= _____	Total Paid	

All fees **MUST** be paid at the time of registration. Make checks payable to "KAC" or "Katahdin Area Council"

All participants must bring with them a copy of their Class 2 BSA Medical Form or equivalent form used this past year for a Scout Resident or High Adventure Camp.

All participants must fill out this information:

In case of emergency call _____ Telephone _____

ALLERGIES (if any) _____

MEDICATION (if any) _____

Insurance Company _____ Policy No. _____

If the participant is under age 18, a parent or legal guardian must sign following form:

I hereby give my permission for my son to participate in the Order of the Arrow Induction weekend. I understand that there may be a degree of physical involvement of my son, and I release Pamola Lodge and Katahdin Area Council of any liability. In the event of a medical emergency, I authorize the OA to seek any surgical or medical help necessary for my son. All medical treatment not covered by insurance shall be solely at my expense.

Signature _____ Date _____