



PLEASE RETURN WITH PAYMENT TO COUNCIL SERVICE CENTER BY **SEPT. 4, 2010**

MARK ENVELOPE - ATTENTION: OA POW WOW
PRE-REGISTRATION FOR POWWOW IS REQUIRED

Na Tsi Hi Fall Powwow Sept. 10 – 12, 2010 **Quail Hill Scout Reservation**

Help Na Tsi Hi induct our new members at the Fall Powwow.

Powwow check-in will be between 6:00 pm and 8:00 pm Friday night. The Powwow will end Sunday at 12:00 pm. Eat dinner before arriving Friday. **Be sure to bring the following items: work clothes and gloves, Class A uniform, OA sash, camping gear and a TENT. BRING A RE-USABLE CUP to help reduce waste and cut commissary expense!**

Ordeal members who have at least 10 months service in the OA can become **Brotherhood Honor members**. Want to know what it takes? Check the Brotherhood FAQ page on the lodge website: www.natsihi.org or Jumpstart: <http://www.jumpstart.ou-bsa.org/>

Check the lodge web site at www.natsihi.org for updated information on the service projects scheduled for the weekend.

Include BSA Part A & C medical form with your registration. Your medical form can be returned at the end of the weekend. Medical forms can be downloaded from the lodge website: www.natsihi.org - Just click on FORMS. All prescription and non-prescription medications being taken **must** be noted on the medical form. Bring medications with you in their original containers — do not repack medications.

The powwow fee is just \$20, or **\$30** if received **after Sept 4** or paid at the door. Please, No walk-ins! Commissary plans meals based on pre-registration received by the council office. All members must check-in upon arrival in camp.

Call your committee chairman and tell him you're coming to powwow!

"He alone is worthy to wear the Arrow who will continue to serve his fellow man."

REMEMBER; MAKE SURE ALL OF THE FOLLOWING IS COMPLETED: Registration Form, Medical Form and \$20.

Return to Monmouth Council BSA 705 Ginesi Drive Morganville, NJ 07751

Make checks payable to Monmouth Council BSA. Mark envelope: Attn: OA Pow Wow

Questions? Contact:

Peter Conforti Fall Powwow Chairman 732-710-6417 peconfortioa71@gmail.com

Mr. Fred Stringer Fall Powwow Adviser 732-845-1535 fred.stringer@gmail.com

Lodge Member – Na Tsi Hi 2010 Fall Powwow Registration

Name: _____ Troop: _____

Phone: _____ Circle one: Youth (under 21) Adult (21 and up)

Committee _____ Honor level (circle one): Ordeal Brotherhood Vigil

List skills (electrical, carpentry, mechanical, etc.) and certifications (Plumber, Electrician, EMT-B Paramedic, Doctor, etc.):

_____ Enclosed is my \$20 Powwow fee (**\$30 after Sept 4, 2010**)

_____ Enclosed is my BSA Part A & C Medical Form with parent's signature

Describe any dietary needs, physical limitations, restrictions or special accommodations (list all allergies on medical form):

Please contact lodge adviser: lodgeadviser@natsihi.org if you have any questions.

Participant's Pledge: I pledge that while participating in this activity, I will behave according to the Scout Oath, Scout Law and Order of the Arrow Obligation. If I violate this agreement, I may be asked to leave the activity. I give permission for my likeness to be used in connection with the promotion of Monmouth Council BSA programs.

Participant's Signature: _____ Date: _____

Parent's Permission (for participants under 18 years old):

I authorize my child's participation in the Order of the Arrow induction weekend (Powwow). I understand that the OA operates under the standards and auspices of the Boy Scouts of America. Any limitations to activities have been noted on the Medical form.

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child.

I give permission for my child's likeness to be used in connection with the promotion of Monmouth Council BSA programs.

Parent's Signature: _____ Date: _____ Office use: Receipt# _____

RETURN REGISTRATION FORM, MEDICAL FORM AND PAYMENT TO COUNCIL SERVICE CENTER BY Sept 4, 2010.

SEND TO: Monmouth Council 705 Ginesi Drive Morganville, NJ 07751

MARK ENVELOPE - ATTENTION: OA POW WOW.

MAKE CHECKS PAYABLE TO MONMOUTH COUNCIL BSA.

OUR COMMISSARY PLANS MEALS BASED ON PRE-REGISTRATION RECEIVED BY THE COUNCIL OFFICE. SAVE A COPY OF THIS FORM FOR YOUR RECORDS.