

PLEASE RETURN WITH PAYMENT TO COUNCIL SERVICE CENTER BY **SEPT. 2, 2011**  
MARK ENVELOPE - ATTENTION: OA POWWOW  
PRE-REGISTRATION FOR POWWOW IS REQUIRED

## **Na Tsi Hi Fall Powwow Sept. 9 – 11, 2011** **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](http://www.natsihi.org) or Jumpstart: <http://www.jumpstart.ou-bsa.org/>

Check the lodge web site at [www.natsihi.org](http://www.natsihi.org) for updated information on the service projects scheduled for the weekend.

Include a copy of your BSA medical form with your registration. Your medical form will be shredded at the end of the event. BSA Medical forms can be found at the following link: <http://www.scouting.org/scoutsources/outdoorprogram/standardsandforms/medicalformfaqs.aspx>

Participants are responsible for administering their own prescription and non-prescription medications. If you have any questions or concerns, contact the lodge adviser at [lodgeadviser@natsihi.org](mailto:lodgeadviser@natsihi.org)

The powwow fee is just \$20, or **\$30** if received **after Sept 2**. Walk-ins are discouraged! Commissary plans meals based on pre-registration. 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 Powwow**

**Questions? Contact:**

Connor Kalafsky: Fall Powwow Chairman      [Vicechief\\_fall@natsihi.org](mailto:Vicechief_fall@natsihi.org)  
Mr. Frank Fishedick: Fall Powwow Adviser      732-870-2191      [frankfi@comcast.net](mailto:frankfi@comcast.net)

## Lodge Member – Na Tsi Hi 2011 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.):

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\_\_\_\_\_ Enclosed is my \$20 Powwow fee (**\$30 after Sept 2, 2011**)

\_\_\_\_\_ Enclosed is a copy of my BSA Medical Form with parent's signature

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

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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#

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**RETURN REGISTRATION FORM, Copy of MEDICAL FORM AND PAYMENT TO COUNCIL SERVICE CENTER BY Sept 2, 2011.**

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

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**MAKE CHECKS PAYABLE TO MONMOUTH COUNCIL BSA.**

**OUR COMMISSARY PLANS MEALS BASED ON PRE-REGISTRATION RECEIVED .**

**SAVE A COPY OF THIS FORM FOR YOUR RECORDS.**