



PLEASE RETURN WITH CHECK TO COUNCIL SERVICE CENTER BY **MAY 27, 2011**  
MARKED - ATTENTION: OA POWWOW  
**PLEASE REGISTER BY THE MAY 27 DEADLINE!!!**

## **Spring Powwow June 3<sup>rd</sup> - 5<sup>th</sup> 2011 Forestburg Scout Reservation**

Powwow check-in will be between 6:00 pm and 8:30 p.m. Friday night. The Powwow will end Sunday afternoon at 1:00 pm. You should eat dinner before arriving. **Make sure to bring the following items: work clothes and gloves, Class A uniform, OA sash.**

**Ordeal members** who have at least 10 months tenure in the OA will have the opportunity to become Brotherhood Honor members. Want to know what it takes? Check the Brotherhood FAQ page on the lodge web site: [www.natsihi.org](http://www.natsihi.org) or your OA Handbook.

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

Include **BSA Part A & C medical forms** with your registration. Forms can be downloaded from the BSA website: [www.scouting.org](http://www.scouting.org). Medical forms are required for all youth and adults (please follow the instructions on the form). Your Medical form can be returned at the end of the weekend. Note any **allergies** on your medical form. All prescription or non-prescription medications being taken **must** be noted on the Medical form. Bring medications with you in their original containers – do not repackage medications.

The powwow fee is just **\$18**. If you miss the deadline a \$10 late fee is charged. Late registration is **\$28** if received **after May 27**. No refunds! Please register by May 27. **Commissary plans meals based on registration received by the council office by May 27.**

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

### **REMEMBER. MAKE SURE ALL THE FOLLOWING IS COMPLETED**

Make checks payable to: **Monmouth Council BSA**  
Mail to: **Monmouth Council Service Center, 705 Ginesi Drive, Morganville, NJ 07751**  
Marked: **Attn: OA POW-WOW**

Diego Giraldez  
Spring Powwow Chairman  
732-615-8008  
[ddiegogc@gmail.com](mailto:ddiegogc@gmail.com)

Frank Fishedick  
Spring Powwow Adviser  
732-870-2191  
[frankfi@comcast.net](mailto:frankfi@comcast.net)

## OA Member – 2011 Spring Powwow Registration

Name: \_\_\_\_\_ Honor level: \_\_\_\_\_

Committee: \_\_\_\_\_ Troop: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle one:          Youth (under 21 years old)                  Adult (21 and up)

Skills (electrical, carpentry, mechanical, etc.) \_\_\_\_\_

Certifications (plumber, electrician, EMT-B Paramedic, doctor, etc.) \_\_\_\_\_

\_\_\_\_\_ Enclosed is my \$18 Powwow fee (\$28 after May 27) No refunds!

\_\_\_\_\_ Enclosed is BSA Part A & C Medical Form with parent's signature

Describe any dietary needs, physical limitations, restrictions or special accommodations:

---

Please contact Spring Powwow Adviser Frank Fishedick at 732-870-2191 or frankfi@comcast.net 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 with payment to Monmouth Council Service Center  
705 Ginesi Drive Morganville, NJ 07751    Marked: Attn: OA POW-WOW**

**DEADLINE MAY 27, 2011.**

**OUR COMMISSARY PLANS MEALS BASED ON REGISTRATION RECEIVED BY THE DEADLINE.  
MAKE A COPY OF THIS FORM AND SAVE FOR YOUR RECORDS.**