



Winter Camp Brotherhood

November 21, 2009

Warren A. Hood Scout Reservation Hazlehurst, Mississippi

WHEN:	Ordeal Members with 10 months service will be eligible to seal their membership in the Order of the Arrow through the Brotherhood Ceremony to be conducted at Winter Camp.
BRING:	Your letter to the Lodge Secretary as outlined in the Order of the Arrow Handbook on page 50.
DUES:	Lodge Dues are now due and should be included in the registration fee.
MEDICAL	Your Winter Camp Medical Form will suffice.
Wear:	Full Scout Uniform on arrival for the Ceremony and OA Sash.

CUT HERE AND MAIL TO THE COUNCIL OFFICE

Winter Camp Brotherhood

<p>For Council Office Use Only</p> <p>Description: Winter Camp Account: 1-2371-003-00</p> <p>Receipt # _____</p>	<p>Troop _____</p> <p>Name _____ Phone _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>AGE: <input type="checkbox"/> Youth (under 21) <input type="checkbox"/> Adult (21 and over)</p> <p>BSA Registration Number _____</p> <p>E-Mail Address: _____</p>
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Check A Box Below.

NOTE: Pre-registration is **REQUIRED!** We must have an accurate count of candidates prior to the ceremony to insure adequate material. Registration is due **NO LATER THAN November 17, 2009.**

Brotherhood Candidate Fee \$35.00 <input type="checkbox"/>	OA Dues \$10.00 <input type="checkbox"/>
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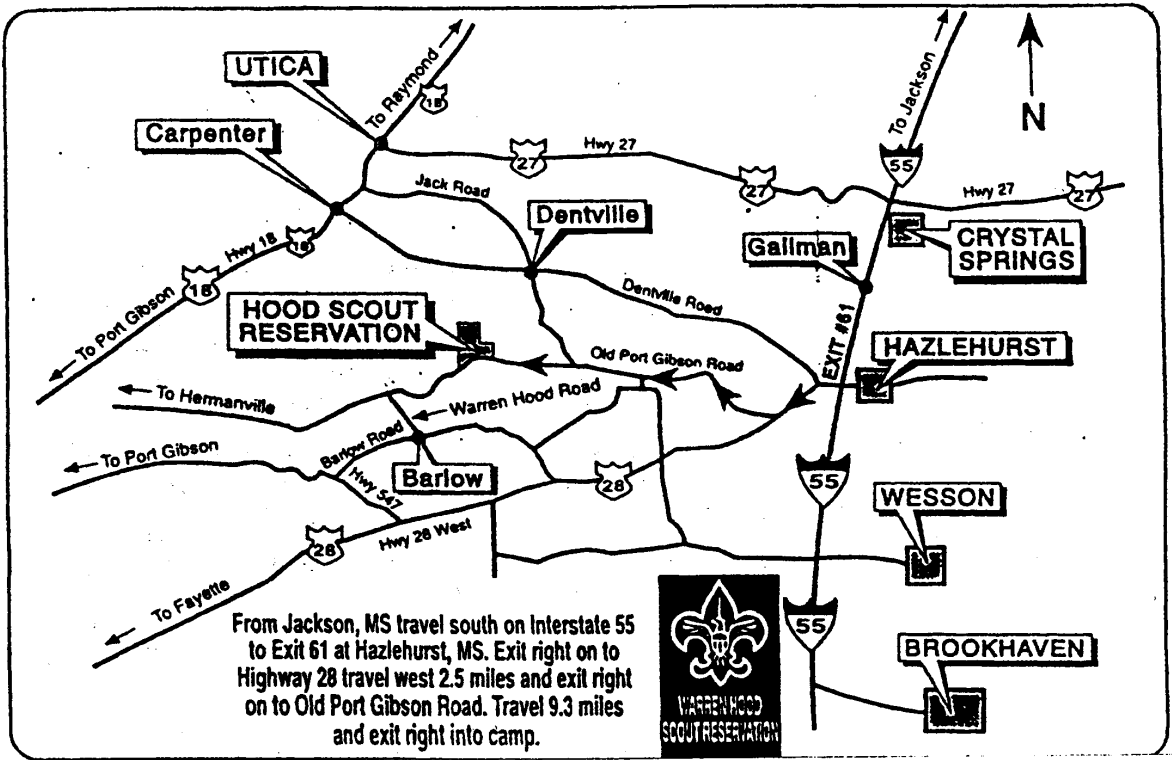
AMOUNT ENCLOSED: _____

PLEASE MAKE CHECKS PAYABLE TO "BOY SCOUTS OF AMERICA"

Return to: Order of the Arrow, 855 Riverside Dr., Jackson, MS 39202

-DO NOT SEND CASH-

MEDICAL FORM ON THE BACK MUST BE COMPLETED - YOU WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT



Class 1 Personal Health History
(Update annually using form No. 34414.)

Identification: To be filled out by parent or guardian. Please print in ink.

Name _____ Date of Birth _____ Age _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies: Food, medicines, insects, plants Yes No Explain:

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations (give date of last inoculation):

Tetanus toxoid _____ Pertussis _____ Mumps _____ Polio _____

Diphtheria _____ Measles _____ Rubella _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy no. _____

Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgement of medical personnel dictates.

Signature _____ Date _____

Parent or Guardian