



QUAPAW LODGE  
ORDER OF THE ARROW

For Council or Advisor Use Only  
Receipt #: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash: \_\_\_\_\_ Check #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Advisor: \_\_\_\_\_  
Advisory Comm.: \_\_\_\_\_

2019 Spring Fellowship & Ordeal Weekend  
Camp Rockefeller - Gus Blass Scout Reservation / March 29-31, 2019

Check box if contact information has changed.

Name: \_\_\_\_\_ Chapter: \_\_\_\_\_ Unit: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parent/Guardian/ Spouse: \_\_\_\_\_ Telephone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PLEASE NOTE: ALL ATTENDEES MUST BRING A BSA ANNUAL HEALTH & MEDICAL RECORD (PARTS A & B) WITH THEM TO TURN IN AT CHECK-IN---NO EXCEPTIONS. WHILE WE DO OUR BEST TO PROVIDE BALANCED MEALS FOR ALL, WE CANNOT ACCOMMODATE ALL FOOD REQUESTS. IF YOU HAVE FOOD ALLERGIES (NOT PREFERENCES), PLEASE EMAIL quapawlodge@gmail.com AND WE WILL DO OUR BEST TO MEET YOUR NEEDS.**

OA Honor (Check one):  Ordeal Member  Brotherhood Member  Vigil Member  
 Ordeal Candidate  Brotherhood Candidate

Fees: Full Weekend (Current members); 2019 dues must be current .....\$25.00\$ \_\_\_\_\_  
Ordeal Candidate (Includes Full Weekend, Sash, OA Handbook, & 2019 Dues) .....\$50.00\$ \_\_\_\_\_  
Brotherhood Candidate (Includes Full Weekend and New Sash; 2019 Dues must be current)..\$43.00 \$ \_\_\_\_\_  
2019 Dues (If not previously paid) .....\$20.00\$ \_\_\_\_\_  
Total Amount Enclosed .....\$ \_\_\_\_\_

No late or on-site registration will be accepted. All forms and fees must be received in the Scout Office by **5:00pm on Friday, March 22, 2019**. If you are mailing your registration, it must be mailed early enough to be received at the Scout Office by the above deadline. Please direct all questions to quapawlodge@gmail.com

Submit this form with fees to:

Mail: Quapaw Area Council  
3220 Cantrell Road  
Little Rock, AR 72202

Fax: 501-664-5454  
Call council office with credit card # 501-664-4780 ext 225

**Photo/ Video Waiver:**

**Photo/ video may be taken of you or your child at this event. These will be used solely for purposes related to approved BSA activities, including, but not limited to, promotional literature for future events as well as displays, print or electronic media commemorating this event.**

**Check one:  I consent to the use of my/my child's picture.  I do not consent to the use of my/ my child's picture.**

\_\_\_\_\_  
Parent's Signature  
(If under 18 years of age)

