

**2009 LODGE FALL FELLOWSHIP
REGISTRATION / PERMISSION SLIP**

November 13-14, 2009 at Camp Balboa

Arrival Time: 5:30-9:00 PM Friday

NAME: _____ Youth _____ Adult _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHAPTER (circle one) Allohak, Bitani, Elauwit, Hadazzli-to, Kah-Shinni, Naabaahii, Pischk, Shash-Tsoh, Wulinaxin _

HOME PHONE (____) _____ EMAIL ADDRESS: _____

FEES: _____ Arrowmen @ \$15.00/ea (on or before Oct. 29, 2009)	=	_____
_____ Arrowmen @ \$20.00/ea (after Oct. 31, 2009)	=	_____
_____ Family Members the age of 10 and under @ \$3.00/ea	=	_____
_____ Family Members the age of 11 and older @ \$5.00/ea	=	_____
Total Enclosed	=	_____

Make Checks Payable to: **BSA Account: 1 - 2371 - 000 - 00**
 Mail to: Tiwahe Lodge, BSA San Diego-Imperial Council, 1207 Upas St., San Diego, CA 92103

I/We hereby give our permission for our son/myself to participate in the activities of Tiwahe Lodge. I/We certify that I am/he is healthy and capable of participating in these activities (which include camping, hiking, and other outdoor activities). I/We assume financial responsibility for any emergency medical treatment (including surgery) that may have to be administered and give permission for such treatment.

Signed: _____ Date: _____

Print Name: _____ Relationship: _____

Telephone: _____

Other contact: _____

Telephone: _____

Insurance Carrier: _____

Policy Number: _____

Family doctor: _____

Telephone: _____

Please note any special dietary needs, restrictions, limitations, or allergies that may limit your son's/your participation in a Tiwahe Lodge event:

Official Use Only

Date Received: _____ **Amount Received:** _____ **Receipt Number:** _____