



# Tutelo Lodge #161

## 2016 Function Form

MAIL TO: Blue Ridge Mountains Council – BSA  
 P.O. Box 7606, Roanoke, VA 24019-0606  
 Fax:540-265-0659 Email: tutelo161.membership@gmail.com

### ONLY 1 PERSON PER FORM

When faxing or mailing: if you are paying for multiple people by Credit Card/check, note ALL names that are being paid for.

*We are in the process of converting to LodgeMaster. You can help by completing ALL the information asked for below on each form you complete.*

**Except for signatures, PLEASE TYPE OR PRINT CLEARLY.**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

BSA ID NO. (REQUIRED) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY ST ZIP

PHONE: \_\_\_\_\_  
HOME CELL

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
NAME PHONE NO.

BIRTHDAY: \_\_\_\_\_

If under 18, the below PARTICIPANT REQUIREMENTS must be completed

TROOP /CREW/PACK #: \_\_\_\_\_ Troop Rep:  YES  NO  
(^ Circle one ^)

CHAPTER:  Koo Koo Ku Hoo  Mingo  Moneton  
 Lappilennin  Tuscarora  Wil Kip Jo

Date(s) of Honor(s) (month/date/year)	Ordeal	Brotherhood	Vigil
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RCVD @ BRMC OFFICE: OFFICIAL USE ONLY

DATE RCVD: \_\_\_\_\_ Amt RCVD: \$ \_\_\_\_\_

PAID AT FUNCTION:  WALK-IN:  
 Function Fee +\$5 late fee Amt RCVD: \_\_\_\_\_

### DUES MUST BE CURRENT TO ATTEND LODGE EVENTS

- 2016 Dues .....\$10
  - 2016 Tutelo Annual Pass.....\$80  
(Includes all Functions, Patches & Dues. Must be paid by April 30)
  - Ordeal Candidate PAY ONLY .....\$35  
(Includes Candidate fee, Current Years Dues & Function Fee)
  - Brotherhood Candidate .....\$30  
(Includes Candidate fee and Function Fee; LATE FEES APPLY)
- If ATTENDING Check the A box next to the function  
 If ELANGOMAT Check the E box next to the function [No Fee]
- |                            |                            |                              |            |       |        |
|----------------------------|----------------------------|------------------------------|------------|-------|--------|
| <input type="checkbox"/> A | <input type="checkbox"/> E | Spring Ordeal.....           | May 13-15  | ..... | \$15   |
| <input type="checkbox"/>   | <input type="checkbox"/>   | Summer Ordeal.....           | June 3-5   | ..... | \$15   |
| <input type="checkbox"/>   | <input type="checkbox"/>   | Fall Ordeal.....             | Sept. 9-11 | ..... | \$15   |
| <input type="checkbox"/>   | <input type="checkbox"/>   | Fall Fellowship (NO Ordeal)  | Oct. 7-9   | ..... | \$15   |
| <input type="checkbox"/>   | <input type="checkbox"/>   | Winter Banquet.....          | Dec. 10    | ..... | \$25   |
| <input type="checkbox"/>   | <input type="checkbox"/>   | LATE FEE / PAID AT DOOR..... |            |       | \$5.00 |
| <input type="checkbox"/>   | <input type="checkbox"/>   | TOTAL ENCLOSED .....         |            |       | \$     |

### SELECT YOUR PAYMENT METHOD:

Cash  Check  Credit Card:  
 Card #: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Card Information NOT kept on file

♦Function forms must be in the council office prior to the function OR there is a \$5.00 Walk-in/Late Fee at the door.

♦If you bought Gold Card and will be taking your Brotherhood, there is an additional Brotherhood/function fee of \$15.

**Functions start at 7 p.m. on Friday and end 11 a.m. Sunday. ORDEAL CANDIDATES need the following gear: Work clothes, work gloves, water bottle, sleeping bag, ground cloth Friday night; Tent and Full Class A Uniforms for Saturday night**

### PARTICIPANTS REQUIREMENTS FOR ALL PERSONS UNDER 18 YEARS OF AGE:

**PARENTAL & MEDICAL RELEASE:** This form must be signed below by the youth's parent/guardian to be eligible to attend.

Parent/guardian Name: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
 Emergency Phone No(s): \_\_\_\_\_ Policy Number: \_\_\_\_\_

### MEDICAL, PHYSICAL OR ALLERGIES:

*Please note that we may NOT be able to address all food allergies by providing special foods; If you need to discussed special arrangements with the kitchen crew ONLY AS IT PERTAINS TO FOOD ALLERGIES, please do so IN ADVANCE by contacting Ed Hamilton at [echamilton@carilionclinic.org](mailto:echamilton@carilionclinic.org).*

**IMPORTANT INFORMATION...Please read carefully.** I hereby authorize my above named child to attend the following Tutelo Lodge #161 functions:

(CHECK APPROPRIATE ONE):  SPRING ORDEAL (OTTARI)  SUMMER ORDEAL (POWHATAN)  FALL ORDEAL (POWHATAN)  FALL FELLOWSHIP (POWHATAN)

And give my permission for his full participation in this OA/BSA event. In the event of illness or accident going to or from or during this event, I request that treatment be instituted without delay as judgment of medical personnel dictates. In the case of an 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 physician selected by the Order of the Arrow leadership to render proper treatment which may include hospitalization, anesthesia, surgery and injection of medications.

### TEMPORARY GUARDIANSHIP DESIGNATION: (CHECK APPROPRIATE ONE):

\_\_\_\_\_ Parent/legal guardian will participate in this event.  
 \_\_\_\_\_ The following Scouter (adult) has agreed to act as temporary guardian for my son to, from and during this event:  
 PRINTED NAME OF TEMPORARY GUARDIAN: \_\_\_\_\_ Phone No.: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE:

DATE:

**YOUTH AGREEMENT:** I agree to obey the rules and regulations provided by the BSA and the Blue Ridge Mountains Council. I also understand I will be responsible to the OA leadership and, if applicable, also to the above named Temporary Guardian during this event and the trip to and from the event.

YOUTH SIGNATURE:

DATE: