

Troop/Team Representative Training Registration Form

Tupwee Gudas Gov Youchiqudt Soovep Lodge 536



Please Complete and **return by February 16, 2010** to:

Tupwee Lodge
411 S. Pueblo Blvd.
Pueblo, CO 81005

Date: Saturday, February 20, 2010

Starting Promptly at 11:00 am

Location: Rocky Mountain Council Office, 411 S. Pueblo Blvd. Pueblo, CO 81005

Cost is \$5 for lunch and check in begins at 10:30am. The meeting will begin promptly at 11:00a the event will conclude approximately at 3:00p.

IMPORTANT: This is an individual registration form. If you need more copies you may either make copies.

Tupwee Gudas Gov Youchiqudt Soovep, OA

Rocky Mountain Council, BSA

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Type: (Circle Appropriate Option): -Home- -Mobile- -Work-

Email Address: _____

Join the Lodge email list (Circle Appropriate Option): -Yes- -No-

ORDER OF THE ARROW INFORMATION

Membership Honor: _____ Chapter/District: _____

(The following are the dates that you obtained the following, if not applicable leave blank)

Date of Ordeal: ____/____/____

Date of Brotherhood: ____/____/____

Date of Vigil: ____/____/____

(Please write in year and Spring or Fall if you don't know the date)

2010 Dues: (Circle Appropriate Option)

Adult - \$10 Youth - \$5 Already Paid - \$0

Dues Total: _____

Troop/Team Rep Training \$5.00

Mtg. Total: _____

Grand Total: _____

(NOTE: Please make checks payable to Rocky Mountain Council, BSA)

SCOUTING INFORMATION

Troop/Unit _____ Rank/Position: _____

EMERGENCY CONTACT INFORMATION

All participants must complete this portion of the form

Responsible Party: _____ Address: _____

City: _____ Zip: _____ Home Telephone: _____

Work Telephone: _____ Emergency Telephone: _____

HEALTH INFORMATION

All participants must complete this portion of the form

Physician Name: _____ Telephone: _____

Health Insurance: _____

Any condition that requires special care?

Any condition now requiring regular medication?

Any special dietary requirements?

Any restrictions of activity for medical reasons?

PARENT OR GUARDIAN AUTHORIZATION

All participants under the age of 18 must have their parent complete this portion of the form.

The person herein described has my permission to attend the event described above and to engage in all prescribed activities, except those as noted above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician, selected by an adult leader in charge, to hospitalize, secure medical care and proper anesthesia, or to order injection for my child.

Parent Signature: _____ Date: _____

I INDICATE UPON MY SIGNATURE, THAT ALL OF THE INFORMATION ON THIS FORM IS TRUE TO MY KNOWLEDGE AND ACCURATE BY MY ACCOUNTS.

SIGNATURE: _____ DATE: _____