



TOPA TOPA LODGE

Order of the Arrow
www.topatopa.org



2018 Winter Fellowship Registration Form

Located at Camp Three Falls, Friday Jan. 19 to Sunday Jan 21, 2018

This event is for current OA members Eat dinner before arriving, there will be no meals served on Friday night. Everyone needs to be out of camp by 9:30 am Sunday morning.

Before January 10, please pay at Scout Store or mail form and fees to: Ventura County Council - Order of the Arrow, 509 E. Daily Drive, Camarillo, CA 93010-5820 **After January 17**, please bring with you to camp.

Name: _____ Troop/Unit # _____

Mailing Address: _____

City _____ State _____ Zip Code _____

E-mail: _____

Phone: _____ BSA ID number _____ Birth Date: ____/____/____

Youth (11-17) ____ Youth/Adult (18-21) ____ Adult (21+) ____ Male ____ Female ____

Guest / Ordeal / Brotherhood / Vigil (circle one) Chapter: _____

Early Registration on or before Jan. 10, 2018 \$20.00 total: \$ _____

Late Registration Jan. 11 - Jan. 18, 2018 \$25.00 total: \$ _____

Gopher Pass \$75.00 total: \$ _____

2018-Annual Dues \$12.00 total: \$ _____

(You must have your dues paid to participate in OA activities)

Total \$ _____

Media Release: I release any and all video, audio or photographs of myself or my son for the use of the Boy Scouts of America in any advertisements or promotions of the Order of the Arrow.

Authorization and Consent for Treating a Minor MUST be filled out (MINOR WILL CARRY A COPY)
(Pursuant to California Family Code Section 6910)

The undersigned does hereby authorize the Ventura County Council-BSA, or such substitute as it may designate, as agent for the undersigned to consent to and x-ray, examination, anesthetic, medical or surgical diagnosis of treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of medical practice or any dentist licensed under the dental practical act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or elsewhere. This authorization will remain in effect while the above minor is en route to or from or participating in the above noted activity.

Signed: (parent/guardian) _____ Date: _____

In case of an emergency, please notify: Name: _____ Phone (____) _____

Physician: _____ Phone (____) _____

Company or Provider: _____ Policy Number: _____

For Lodge Secretary and Treasurer Use only:

Date Received: _____ Receipt Number: _____ Date Entered: _____