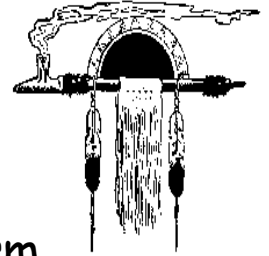




# TOPA TOPA LODGE

Order of the Arrow

www.topatopa.org



## Brotherhood Candidate Registration Form

Located at Camp Three Falls or Local Camporee

This form is for current OA members. Please mail form and \$\$ to: Ventura County Council - Order of the Arrow, 509 E Daily Drive, Camarillo, California 93010-5820

Name: \_\_\_\_\_ Troop/Unit # \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ BSA ID # \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

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

Ordeal Date \_\_\_\_\_ Chapter: \_\_\_\_\_

3 Falls Brotherhood Candidate. .... \$30.00 \$ \_\_\_\_\_

>>>I am attending: \_\_\_\_\_ Spring Ordeal \_\_\_\_\_ Fall Ordeal <<<

Camp-O-Ree Brotherhood Candidate..... \$20.00 \$ \_\_\_\_\_

>>> I am attending the: \_\_\_\_\_ Matilija \_\_\_\_\_ Conejo \_\_\_\_\_ Ronald Reagan Camporee <<<

\*\*\***(NOTICE: Gopher Pass Holders Must Pay \$20.00 to cover the cost of the Sash.)** \$ \_\_\_\_\_

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

**Total: \$ \_\_\_\_\_**

I release any and all video, audio or photographs of myself or my son from this event 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: \_\_\_\_\_ DB \_\_\_\_\_