

**LODGE OA FAMILY BANQUET REGISTRATION FORM – Melhorn Manor, 977 West Main Street, Mount Joy, PA 17552, Feb. 17, 2018**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Troop # \_\_\_\_\_  
 Email: \_\_\_\_\_

I will be attending the Lodge Family Banquet and I am placing an order for the following tickets:

Type of Ticket	Cost Each	Quantity	Total Per Ticket Type
Adults and Children over 10:	\$25.00	x	=
Children (Age 4 –10)	\$15.00	x	=
Children (Under 3)	Free	x	= No Charge
<b>TOTAL AMOUNT ENCLOSED</b>			

Send this form & payment to:  
 Pennsylvania Dutch Council, BSA  
 C/O #6237B OA Family Banquet  
 630 Janet Ave., Suite B-114  
 Lancaster, PA 17601-4582

**ABSOLUTE DEADLINE FOR THE FAMILY BANQUET REGISTRATION IS FEB. 2, 2018**

**LODGE FELLOWSHIP & SERVICE WEEKEND – Camp Mack, Fri., April 27 thru Sun., April 29, 2018**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Troop # \_\_\_\_\_  
 Email: \_\_\_\_\_

Chapter (please circle one): Allowat Nenajunges (Horseshoe Trail District) Tgauchsu Sipo (Conestoga River District) Wuliken (Harvest District)

I will be attending the weekend as a (check the appropriate box):

- I will be attending the Vigil Breakfast (Vigil Members Only)..... \$20.00
- I will be attending the weekend as a Lodge Member..... \$20.00
- Check here if you have any food allergies (please list in the blank area on the right side of this form)
- I WILL be staying for Sunday Breakfast  I WILL NOT be staying for Sunday Breakfast

Send registration & payment to:  
 Pennsylvania Dutch Council, BSA  
 OA 2018 Fellowship  
 Code 6237P  
 630 Janet Ave., Suite B-114  
 Lancaster, PA 17601-4582

*Please note any food allergies or physical restrictions below:*

**A parent or guardian must sign this release if you are under 18 years of age. If you are 18 years old or older, please sign your own name.**

I give permission for full participation in the BSA/OA program listed above. IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health care practitioner selected by the Adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child (or for me, if participant is an adult).

Signature of Parent/Guardian or Adult \_\_\_\_\_ Date \_\_\_\_\_

**ABSOLUTE REGISTRATION DEADLINE FOR FELLOWSHIP WEEKEND IS APRIL 14, 2017**

**2018 NE-6B SECTION CONCLAVE – Camp Bashore, Fri., June 1 thru Sun., June 3, 2018**

Sign me up for the 2018 Section Conclave. Enclosed is my \$45 Conclave registration fee. All Lodge members, whether serving on staff or a member of our contingent need to pay the Conclave fee.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Troop # \_\_\_\_\_  
 Email: \_\_\_\_\_

I am a (please circle one): Ordeal Member Brotherhood Member Vigil Member

T-Shirt Size (circle one): M L XL XXL XXXL (\*if you are ordering an XXL or XXXL shirt, your Conclave registration fee is \$47)

Check here if you have any food allergies (please list in the blank area on the right side of this form)

Send registration & payment to:  
 Pennsylvania Dutch Council, BSA  
 OA 2018 Conclave  
 C/O 6237C  
 630 Janet Ave., Suite B-114  
 Lancaster, PA 17601-4582

*Please note any food allergies or physical restrictions below:*

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I give permission for full participation in the BSA/OA program listed above. IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health care practitioner selected by the Adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child (or for me, if participant is an adult).

Signature of Parent/Guardian or Adult \_\_\_\_\_ Date \_\_\_\_\_

**ABSOLUTE DEADLINE FOR CONCLAVE REGISTRATION IS APRIL 18, 2018**