

2008 Spring Service Weekend Registration Form

May 30th, 31st, June 1st - 2008 at Camp Baker

Name: _____

Address: _____

City, State, Zip: _____

Home Phone #: _____ Business/School Phone #: _____

Birth Date: _____ eMail: _____

District: _____ Unit #: _____

Membership Data	
<input type="checkbox"/> Youth	<input type="checkbox"/> Adult
Please check one above	

Mail To:
 Enda Lechauhanne Lodge #57
 Boy Scouts of America
 1275 Bedford Avenue
 Flag Plaza
 Pittsburgh, PA 15219

CANDIDATES	By 5/23	After 5/23	On 5/30	MEMBERS	By 5/23	After 5/23	On 5/30
<input type="checkbox"/> Brotherhood Candidate	\$33.00	\$43.00	\$48.00	<input type="checkbox"/> Ordeal Member			
				<input type="checkbox"/> Brotherhood Member	\$18.00	\$28.00	\$33.00
				<input type="checkbox"/> Vigil Member			
1. Fees include all food, accident insurance, sashes, books, induction and ceremonial materials. 2. Early bird discount applies to payments made before 5/23, full event fee charged if paid after 5/23, late fee charged for registrations at the event.							

Accounting 1-2371-997-00	
Check #:	_____
Amount:	_____
Receipt #:	_____
Date:	_____
237199700	

Please mark your checks with the following account number >> 1-2371-997-00

Please take your time — PRINT LEGIBLY — and complete all sections accurately — Make checks payable to "GPC-BSA" Thank You

THIS CARD FOR MEMBERS ONLY — NOT FOR ORDEAL CANDIDATES

2008 SPRING SERVICE WEEKEND REGISTRATION FOR CURRENT MEMBERS - NOT CANDIDATES

HEALTH HISTORY

PLEASE ENTER AN "X" IN THE BOX IF YOU HAVE OR ARE SUBJECT TO:

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Swimming Or Sports Restrictions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Other (Describe Below) | <input type="checkbox"/> Allergies/Reaction To Medication (Describe Below) |

Describe: _____

PLEASE ENTER AN "X" IN THE BOX IF YOU HAVE DIFFICULTY WITH:

- | | | | |
|--------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Digestion | <input type="checkbox"/> Measles | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Eyes, Ears, Nose, Throat | |

PLEASE ENTER AN "X" IN THE BOX AND COMPLETE THE FOLLOWING, IF APPLICABLE:

- Currently taking medication for: _____ Name of medication: _____
- DID YOU BRING AN INHALER? _____
- Activity restrictions for medical reasons: _____

PLEASE PROVIDE IMMUNIZATION RECORD:

Date of last inoculation _____ Date of last inoculation _____

Tetanus: _____ Measles: _____
 Polio: _____ German Measles: _____
 Mumps: _____ Diphtheria: _____

APPLICANT AUTHORIZATION:

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injections for my son.

Applicant Signature: _____ Parent (If under 18): _____ Date: _____