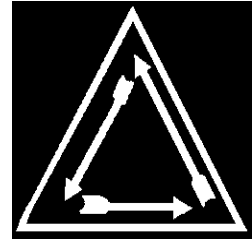




# Gila Lodge #378 Order of the Arrow

Cochise - Geronimo - Mescalero - Nesatin - Tortugas - Wapaha  
Yucca Council, Inc., Boy Scouts of America  
P.O. Box 971056, El Paso, Texas 79997-1056  
7601 Lockheed Drive, El Paso, Texas 79925  
Telephone 915-772-2292, Fax 915-772-4535  
Pamela Sherborn Pamela.sherbon@scouting.org



## Vigil Member Registration Form

EVENT: 2017 Gila Lodge Vigil Honor Induction & Fellowship(Makeup)–December 8 & 9, 2017

TIME: Friday: Member Gathering 6:00 PM; Dinner 7:00 PM  
Saturday: Breakfast: 7:00 am. At Village Inn, 7801 North Mesa St.

WHERE: Camp Pioneer, Sunland Park, NM

### ALL VIGIL MEMBERS WHOSE ANNUAL DUES ARE NOT PAID

\_\_\_\_\_ I will attend the Vigil Honor Induction & Fellowship and I have not paid my 2017 lodge dues (01-01-2017 to 12-31-2017). Enclosed is the \$20.00 registration fee plus an additional \$10.00 for dues, a total of \$30.00

\_\_\_\_\_ I cannot attend the Vigil Honor Induction but wish to pay my 2017 lodge dues (01-01-2017 to 12-31-2017). Enclosed is \$10.00

### ALL VIGIL MEMBERS WHOSE ANNUAL DUES ARE PAID

\_\_\_\_\_ I will attend the Vigil Honor Induction & Fellowship and have enclosed the registration fee of \$20.00

\_\_\_\_\_ I am a Season Pass Holder and will pay \$20 to attend the Vigil Honor Induction & Fellowship.  
Please choose your main course \_\_\_\_\_ Steak \_\_\_\_\_ Chicken \_\_\_\_\_ Portabello Mushroom

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Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Birth Date \_\_\_\_\_ Unit # \_\_\_\_\_ District \_\_\_\_\_ Email \_\_\_\_\_

Rank (youth) \_\_\_\_\_ or Position (adult) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Please make checks payable to: "Gila Lodge - B.S.A."

### **PAYMENT DUE AT THE COUNCIL OFFICE NOT LATER THAN MONDAY DECEMBER 4, 2017**

You may pay via credit card by calling the Council Office at 915-772-2292 or emailing Pam Sherbon at [pamela.sherbon@scouting.org](mailto:pamela.sherbon@scouting.org). If you have any questions, please contact either Lodge Advisor Christina Stokes at 915-203-5616 or [christlostokes@aol.com](mailto:christlostokes@aol.com) or Lodge Chief Daniel Leffman at 915-966-6146 or [danleffman@gmail.com](mailto:danleffman@gmail.com).

*All participants under the age of 18 (DOB after 07-15-99) must complete the Medical & Permission Form below. Other participants should complete to ensure their medical history is available if needed.*

Parent's / Spouse's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (home #) \_\_\_\_\_

Telephone (work #) \_\_\_\_\_ (emergency #) \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

Date of immunization for tetanus toxoid \_\_\_\_\_

Any condition that may require special care? \_\_\_\_\_

Any condition now requiring regular medication? \_\_\_\_\_

Any special dietary requirements? \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_

### PARENT OR LEGAL GUARDIAN AUTHORIZATION

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_