BLUE HERON LODGE # 349
2010 EVENT REGISTRATION FORM

(FOR DUES PAID MEMBERS ONLY) ***** PLEASE PRINT *****

NAME		UNIT #
ADDRESS		[ ] YOUTH [ ] ADULT
CITY, STATE & ZIP CODE		[ ] MALE [ ] FEMALE
PHONE ( )	E-MAIL	DATE OF BIRTH

CHAPTER: [ ] ALBEMARLE [ ] CAPE HENRY [ ] CHOWANOC
[ ] ELIZABETH RIVER [ ] KEMPSVILLE [ ] MERRIMAC [ ] POWHATAN

DATE OF HONOR, IF KNOWN (MONTH/DAY/YEAR)	ORDEAL	BROTHERHOOD	VIGIL

MEDICAL, PHYSICAL, OR DIET RESTRICTIONS: (SEE GUIDE FOR SAFE SCOUTING FOR REQUIREMENT.)

CLASS I / II / III PERSONAL HEALTH AND MEDICAL SUMMARY IS: ATTACHED [ ], OR FILED W / LODGE [ ]
(ALL MEDICATIONS BROUGHT TO AN EVENT MUST BE IN ORIGINAL CONTAINERS OR WITH DUPLICATE LABELS.)

EVENT	DATES	Item#	COST	LAST DAY WITHOUT LATE FEE	AMOUNT IF PAID AFTER EARLY BIRD DATE	AMOUNT PAID
ORDEAL #2	AUGUST 20-22	6907	**$15.00**	SATURDAY. AUGUST 14	$ 20.00	$
FELLOWSHIP	OCTOBER 29-31	6904	**$15.00**	SATURDAY, OCTOBER16	$ 20.00	$
BANQUET	DECEMBER 11	6908	**$10.00**	SATURDAY, DECEMBER 4	$ 15.00	$
BROTHERHOOD FEE (PAID WHEN SEEKING BROTHERHOOD HONOR)		6901	**$15.00**	N/A	$15.00	$
					TOTAL INCLUDED	**$**

FOR YOUTH MEMBERS ONLY:

MY SON HAS PERMISSION TO ATTEND THE EVENTS MARKED ABOVE. I AM AWARE AND APPROVE OF HIS TRANSPORTATION AND CAMPING ARRANGEMENTS. IN CASE OF EMERGENCY, CONTACT _____ _____AT (_____)_____
NAME RELATION TELEPHONE NUMBER

_____ _____ _____
PARENT'S/GUARDIAN'S PRINTED NAME SIGNATURE DATE

NOTE: LATE FEE DEADLINES WILL BE STRICTLY FOLLOWED BY COUNCIL SERVICE CENTER PERSONNEL. THEY CANNOT GIVE EXCEPTIONS, SO PLEASE DON'T ASK. ALL OTHER QUESTIONS SHOULD GO TO THE EVENT CHAIRMAN OR ADVISER. GET MORE INFO AT YOUR CHAPTER MEETING OR SEE THE LODGE WEB PAGE http://www.tidewaterbsa.com/blueheron OR THE DRUMBEAT FOR MORE INFORMATION ON THE EVENT AND CONTACTS.

MAKE ALL CHECKS PAYABLE TO "TIDEWATER COUNCIL, BSA". SEND PAYMENT AND THIS FORM TO:

TIDEWATER COUNCIL, BSA
1032 HEATHERWOOD DRIVE
VIRGINIA BEACH, VA 23455

Other key events / dates:
FALL FELLOWSHIP OCT 29-31

6/01/2010