



GREATER YOSEMITE COUNCIL
Order of the Arrow

4031 TECHNOLOGY DR, MODESTO, CA 95356
Brotherhood of Cheerful Service



TOLOMA LODGE ~ Fall Fellowship



Be part of the tradition of Toloma Lodge
Fall Fellowship is a weekend of Fun and Fellowship
For **ALL** OA Members

October 9 & 10, 2009 to be held at **Camp McConnell**

This is our annual Fellowship event – Toloma Lodge’s 11th Anniversary

This is the Toloma Lodge’s big event to elect the new Lodge Officers and Chapter Officers.

There will be fun Events and Competitions. Come and be part of history!

Camp overnight or come for the day.

Check in Time Starting at 6:00pm, Friday 9th

Meals provided - FRIDAY Cracker-Barrel, SATURDAY Breakfast - Lunch - Dinner

Saturday Breakfast will Honor Vigil Honor Members

Name: _____ Unit _____

Address: _____ City _____

E-Mail: _____ Phone _____

Date of Birth: _____ Honor: O B V BSA Rank: _____
Use MM/DD/YYYY Format Circle One Or Adult Position

Fellowship \$10.00

Vigil Honor Breakfast Only \$5.00

Payment must accompany form ~ Pre-Registration must be received by October 7, 2009

PLEASE PRE-REGISTER 5 DAYS PRIOR TO THE EVENT TO AVOID A \$5 LATE FEE!



Minor Consent Form

Greater Yosemite Council, Boy Scouts of America, Authorization and Consent to Treat a Minor
Pursuant to California Civil Code Section 24.8 & Section 12552

Name of Minor _____ Date of Birth _____

The undersigned does authorize the Greater Yosemite Council or registered adult leader in charge, as agent for the undersigned to consent to x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and be rendered under the general or special supervision of any physician or surgeon, dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is tendered at the office of said physician or dentist, at a hospital, Boy Scout Camp, or elsewhere. This authorization will remain effective while minor is in route to or from, or involved or participating, in any Boy Scout Camp, Boy Scout program or activity, including CAMPING, HIKING & SWIMMING, of the Greater Yosemite Council, Boy Scouts of America or unless revoked in writing by the undersigned or delivered to the aforesaid agent.

Date _____
PARENT OR GUARDIAN PRINT NAME PARENT OR GUARDIAN SIGNATURE

Primary Insurance Carrier: _____ Policy Number _____

In the event of an Emergency call: _____
NAME PHONE