



GREATER YOSEMITE COUNCIL
Order of the Arrow

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



TOLOMA LODGE ~ WWW Saturday Wimachtendienk Wingolauchsik Witahemui

This is the last chance for Toloma Lodge Brotherhood Candidates
to meet The Challenges of Brotherhood Membership
This is the last opportunity to fulfill your commitment in 2009.

December 12, 2009 - Camp McConnell

This is our annual **Brotherhood Of Cheerful Service** Event
And Service to the Council.

All Lodge Members are Welcome to spend the day in Cheerful Service to our Council Camp!
This is Saturday only event.

Saturday, Dec 12th - **Check In Time:** 8:00 am - 8:30 am, **Check Out:** 5:00pm
Meals provided - SATURDAY – Continental Breakfast & Lunch

- Brotherhood Candidates \$20.00 (Ceremony Saturday Afternoon)
- All other Lodge Members \$5.00

Name _____ Date of Birth ____/____/____ Phone # _____

Troop/Unit _____ Chapter _____ E-Mail _____

Payment must accompany form ~ Pre-Registration is required by December 8, 2009

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 Contact PHONE