



ORDER OF THE ARROW  
**ITIBAPISHE ITI HOLLO LODGE**  
 CENTRAL NC COUNCIL

**Spring Fellowship**

**March 14- 16, 2008**  
**Camp John J. Barnhardt**

Bring your camping gear (tent, sleeping bag, etc.). Check in will be in the OA Lodge between 6:00 and 8:00 pm Friday evening. Complete Class A uniform **will be required during** portions of the weekend.

**THOSE GOING TO DIXIE ARE ENCOURAGED TO ATTEND THIS EVENT!!!** Other than Dixie practice, a service project will take place, so everyone is encouraged to bring old clothes and gloves.

**For more information visit: [www.itibap.org](http://www.itibap.org)**

**Registration cut off is March 7, 2008**

**Late fee of \$5.00 will be charged after that date, no exceptions.** Due to the cost of food purchases, refund will **not** be made unless notification of cancellation is made to the Lodge Adviser prior to noon on Wednesday preceding the event. Please make checks payable to **OA/BSA** and send it with this form to **Order of the Arrow, PO Box 250, Albemarle, NC 28002.**

**PLEASE CUT HERE AND RETURN WITH FEE – (ONE REGISTRATION PER FORM PLEASE)**

**Spring Fellowship Registration**

**Troop** \_\_\_\_\_ **District** \_\_\_\_\_ Present Membership Status (circle)—Ordeal Brotherhood Vigil

**Name** \_\_\_\_\_  
 (Last) (First) (Middle)

**Address** \_\_\_\_\_  
 (No. and Street or P.O. Box) (City) (State, Zip)

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Home Telephone** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_  
 (mm/dd/yyyy)

**REGISTRATION FEE:** *Members: \$15.00*  
**SEASON PASS HOLDERS: Please annotate in "Total Remitted" SP.**  
**LATE FEE OF \$5.00 AFTER March 7, 2008**

**TOTAL REMITTED: \$ \_\_\_\_\_ (REQUIRED FOR REGISTRATION)**

**REQUIRED PARENTAL PERMISSION SLIP**

I HEREBY AUTHORIZE MY ABOVE NAMED SCOUT TO ATTEND AND GIVE FULL PERMISSION FOR HIS PARTICIPATION IN OA/BSA PROGRAMS. IN THE EVENT OF ILLNESS OR ACCIDENT, I REQUEST THAT MEASURES BE TAKEN WITHOUT DELAY AS JUDGEMENT OR MEDICAL PERSONNEL DICTATES.

MY ABOVE NAMED SCOUT WILL REMAIN WITH THE OA/BSA PROGRAM FROM CHECK-IN UNTIL CHECK-OUT SUNDAY MORNING WITH THE FOLLOWING EXCEPTION:

\_\_\_\_\_ NO EXCEPTION CHECK-OUT TIME: \_\_\_\_\_ RECHECK-IN TIME: \_\_\_\_\_

**Printed Parents Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Parents Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent/guardian signature required if scout is under 18 years of age