

**NISQUALLY LODGE #155 – 2008 ORDEALS**

**CURRENT LODGE MEMBER REGISTRATION FORM**

This form can be used by CURRENT Lodge members to register for one or more of the 2008 Ordeals. Registration forms may be turned in to the council office up to the Thursday before an Ordeal. If you cannot return it by then, please bring it and your registration money with you to the Ordeal. Please retain your receipt from the council office as proof of payment.

**May 16-18 @ Camp Hahobas**  
**June 13-15 @ Camp Thunderbird**  
**August 22-24 @ Camp Hahobas**

**Ordeal Members:** Are you ready for the next step of your journey? Those Ordeal members that have served their units for 10 months or more, and are ready to meet the Challenges of Brotherhood membership, have the opportunity to seal their membership with the Brotherhood Ceremony at any of these Ordeals. Check the appropriate box below if you are eligible and ready to take the next step!

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

UNIT TYPE \_\_\_\_\_ UNIT # \_\_\_\_\_ EMAIL \_\_\_\_\_

CHAPTER: Chehalis Sauk-Suiattle Wapiti CURRENT HONOR: Ordeal Brotherhood Vigil

I am registering for and will be attending the following Ordeal(s):

**May 16-18**  
(\$15 by April 2<sup>nd</sup>/\$20 after)

Brotherhood (\$15)

I would like to volunteer as an Elangomat (\$10 refund at event)

**\$ \_\_\_\_\_ MAY TOTAL**

**June 13-15**  
(\$15 by May 30<sup>th</sup>/\$20 after)

Brotherhood (\$15)

I would like to volunteer as an Elangomat (\$10 refund at event)

**\$ \_\_\_\_\_ JUNE TOTAL**

**August 22-24**  
(\$15 by August 8<sup>th</sup>/\$20 after)

Brotherhood (\$15)

I would like to volunteer as an Elangomat (\$10 refund at event)

**\$ \_\_\_\_\_ AUGUST TOTAL**

**I would like to pay my 2008 Lodge Dues (\$10) TOTAL ENCLOSED \$ \_\_\_\_\_**

**MEDICAL RELEASE**

The undersigned authorizes the Pacific Harbors Council or registered adult leader to consent to medical treatment at the advice of qualified medical personnel in the event of a medical emergency and the undersigned not being able to be contacted. This authorization will remain effective while the minor is in route to or from, or involved or participating, in the above described activity

Date \_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

**Please list any medications, allergies, or special needs below:**

\_\_\_\_\_  
\_\_\_\_\_