



Ktemaque Lodge #15 WWW
Westchester-Putnam Council, BSA

Fall Service Weekend

September 24-26, 2010

Durland Scout Reservation, Putnam Valley, NY

More information is on the Ktemaque Lodge web site at www.ktemaque.org
If you have questions call Rob Carlson, Lodge Adviser at (914) 528-9331.

ADVANCE REGISTRATION IS REQUIRED. NO WALK-INS!

THREE FORMS are required to register for the Fall Service Weekend and/or Brotherhood Quest.

1. **This registration form** 2. **Part A on page 2** of BSA medical form 3. **Part C on page 4** of BSA medical form
Signature is REQUIRED on Part C on page 4 of BSA medical form.

All these forms are available in fillable format at www.ktemaque.org/forms.html.

Check in: Friday 8:00 p.m. to 10:00 p.m. at the Campmaster Cabin.

Saturday **ONLY** participants check in at the Jones Cabin.

Name _____ Home telephone number (_____) _____

Email address _____ Cellular phone number (_____) _____

Address _____ Under 21 Over 21

Town _____ State _____ Zip+4 _____

Member (not a new candidate) **\$15.00** (\$25.00 if paid AFTER September 17 deadline)

Member (Saturday 10 a.m. to 9 p.m. ONLY) **\$10.00** (\$20.00 if paid AFTER September 17 deadline)

Brotherhood Quest (See requirements) **\$40.00** (\$50.00 if paid AFTER September 17 deadline)

Brotherhood Quest, Saturday only **\$35.00** (\$45.00 if paid AFTER September 17 deadline)

Special Food – state restriction and attach note _____

I have a ride. I can supply rides for ____ number of brothers.

Yes, I want to be an **Elangomat** this weekend. Elangomat Training is available.

Yes, I want to be on the **Ceremonial Team** this weekend. Training and regalia are available.

Payment method (check one) **VISA** **MasterCard** **Check**
Credit card number _____ **Expiration Date** _____
Cardholder name (PRINT) _____ **Total Amount: \$** _____
Your signature is **REQUIRED** below to authorize the Westchester-Putnam Council, BSA to charge your credit card.
Cardholder signature _____

If paying by check: Make your check payable to **“Westchester-Putnam Council, BSA”**
Write **“OA Account 1-2371-000-00”** on your check.

Mail this form, Part A and Part C of the BSA “Annual Health and Medical Record”, and your payment (check or credit card information) POSTMARKED NO LATER than September 17, 2010 to: Ktemaque Lodge #15, WWW
Westchester-Putnam Council, BSA
41 Saw Mill River Road
Hawthorne, NY 10532-1519

In the compliance with the American with Disabilities Act, Ktemaque Lodge #15 WWW, Order of the Arrow will make all the reasonable efforts to accommodate persons with disabilities at their activities. Please call the Westchester-Putnam Council Service Center (914) 773-1135 with your request.

Office Use: Date Rec'd _____ Receipt # _____ Amount paid \$ _____