



Ktemaque Lodge #15, WWW
 Order of the Arrow
 Westchester-Putnam Council, BSA
2010 Fellowship Weekend
April 9-11, 2010

Durland Scout Reservation, Putnam Valley, NY

THREE FORMS are required to register for the Fellowship 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.

These forms are available in **fillable format** at www.ktemaque.org/forms.html.

Check-in: Friday 9:00 p.m. to 10:00 p.m. at the **Oak Cabin** We'll be staying in the Birch, Maple, and Oak cabins.
 Saturday 10 a.m. to 9 p.m. **ONLY** participants check-in anytime at the Oak Cabin

More information is on the Ktemaque Lodge web site at www.ktemaque.org.

Name _____ Home telephone number (_____) _____

Email address _____ Cellular phone number (_____) _____

Address _____ Under 21 Over 21

Town _____ State _____ Zip+4 _____

Member **\$15.00** (\$20.00 if paid after April 2 deadline)

Brotherhood Quest (See requirements) **\$40.00** (\$45.00 if paid after April 2 deadline)

Member (Saturday 10 a.m. to 9 p.m. only) **\$10.00** (\$15.00 if paid after April 2 deadline)

Brotherhood Quest (Saturday 10 a.m. to 9 p.m. only) **\$35.00** (\$40.00 if paid after April 2 deadline)
 (See requirements)

Special Food – state restriction and attach note _____

I have a ride. I can supply rides for _____ number of brothers, if needed.

Yes, I want to **get more involved in Ktemaque Lodge**. Please contact me.

Elangomat Ceremonial Team Newsletter Program Other

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 medical form, and your payment (credit card information or check) postmarked no later than **APRIL 2, 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.

If you have questions about the Fellowship Weekend, call Lodge Adviser Rob Carlson at (914) 528-9331.

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