



Occoneechee Lodge Expense Reimbursement Form

Request

This form must accompany all requests for reimbursement made against Occoneechee Lodge. No compensation will be provided otherwise. All expenses must be approved by Key 11 member with authority over the corresponding department prior to disbursement of funds. Please submit within 30 days.

Submit request to Keith Biegert

Name:

Address:

Date:

Description of Expense:

Amount:

Key 11 Approval

Authorized by (print):

Cost center:

- ☐ Administration
☐ Programs
☐ Communication
☐ Finance
☐ Other (Key 3 only) _____

Committee (optional):

I authorize the payment of the above total amount to said member, to be debited against the above cost center and committee (if applicable).

Authorization (signature):

Date:

Official Use Only

Status:

- ☐ Paid (Cash)
☐ Paid (Council issued check)
☐ Rejected

Total Amount:

Reimbursed by:

Invoice No.:



Lodge Member & Health Information Change Form

Member Information

Circle One: New Member Transfer Correction Delete		
Name:		Email:
Address:		
City:	State:	Zip Code:
Phone: ()	Unit Number:	Date of Birth:
Ordeal Date (mm/dd/yyyy):		
Brotherhood Date (mm/dd/yyyy):		
Vigil Date (mm/dd/yyyy):		
Circle Chapter: Ilau Machque (Black River) Lauchsoheen (LaFayette) Neusiok (Neuse River) Eluwak (Mawat) Netopolis (Dogwood) Mimahuk (Highlander) Saponi (Shakori) Netami (Crosswinds) Temakwe (Awahili) Kiowa (Impessa)		

Medical Information

Do you: ___ have any medical restrictions? ___ currently take any medication? ___ have any dietary restrictions?	Explain:
Health Insurance Company:	Policy #:
Have or subject to: ___ Convulsions ___ Asthma ___ Fainting Spells ___ Bleeding disorder ___ Diabetes ___ Heart trouble ___ Allergy to medication, food plant, animal, or insect ___ Any condition requires special care, medication, or diet ___ NONE OF THE ABOVE APPLY	Explain:
Have difficulty with (check if yes): ___ Eyes, ears, nose, throat ___ Digestion ___ Bed-wetting ___ Lungs ___ Sleepwalking ___ Any condition now requiring regular medication?	Explain:
	Name of medication:

Date of Immunizations:

Tetanus toxoid _____ Polio _____ Mumps _____ Pertussis _____
 Diphtheria _____ Measles _____ Rubella _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted. In the event that I cannot be reached in an emergency, I hereby, give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection.

Participant

Parent or guardian

Signature:	Signature (if participant under 18 years):	
x _____ Date: _____	x _____ Date: _____	
	Home Phone:	Mobile Phone:



Ordeal Candidate Information & Medical Form

Ordeal Event Fee: \$50

Member Information

Name:		Email:	
Address:			
City:	State:	Zip Code:	
Phone: ()	Unit Number:	Date of Birth:	
Circle Chapter: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">Ilau Machque (Black River)</div> <div style="width: 33%;">Lauchsoheen (LaFayette)</div> <div style="width: 33%;">Neusiok (Neuse River)</div> <div style="width: 33%;">Eluwak (Mawat)</div> <div style="width: 33%;">Netopolis (Dogwood)</div> <div style="width: 33%;">Mimahuk (Highlander)</div> <div style="width: 33%;">Saponi (Shakori)</div> <div style="width: 33%;">Netami (Crosswinds)</div> <div style="width: 33%;">Temakwe (Awahili)</div> <div style="width: 33%;">Kiowa (Impessa)</div> </div>			
Do you: <input type="checkbox"/> have any medical restrictions? <input type="checkbox"/> currently take any medication? <input type="checkbox"/> have any dietary restrictions?		Explain:	
Health Insurance Company:		Policy #:	
Have or subject to: <input type="checkbox"/> Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Allergy to medication, food plant, animal, or insect <input type="checkbox"/> Any condition requires special care, medication, or diet <input type="checkbox"/> NONE OF THE ABOVE APPLY		Explain:	
Have difficulty with (check if yes): <input type="checkbox"/> Eyes, ears, nose, throat <input type="checkbox"/> Digestion <input type="checkbox"/> Bed-wetting <input type="checkbox"/> Lungs <input type="checkbox"/> Sleepwalking		Explain:	
<input type="checkbox"/> Any condition now requiring regular medication?		Name of medication:	
Date of Immunizations: Tetanus toxoid _____ Polio _____ Mumps _____ Pertussis _____ Diphtheria _____ Measles _____ Rubella _____			
This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted. In the event that I cannot be reached in an emergency, I hereby, give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection.			
Candidate		Parent or guardian	
Signature:		Signature (if candidate is under 18 years):	
x _____ Date: _____		x _____ Date: _____	
		Home Phone:	Mobile Phone:



Unit Election Report (updated 1/25/2009)

Troop Information

Troop:	Chapter:	Date:
Number registered youth:	Number present youth:	50% of youth present: YES NO
Number youth eligible:	Number youth elected:	A. Number Ballots Received:

Election Results

Candidate Name:	Rank:	BSA ID:	B. Votes:	Elected (B ≥ A/2):
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO
	1 S L E			YES NO

Scoutmaster & Election Team

Scoutmaster Name:	Scoutmaster Signature:
Election Team Member Name:	Election Team Member Signature:
Election Team Member Name:	Election Team Member Signature:
Election Team Member Name:	Election Team Member Signature:
Election Team Member Name:	Election Team Member Signature:



Unit Election Results Submission Form *Page 1 of 2*

Troop Information

The Election Team needs to fill this form out after each election. Any election results that cannot be submitted via members.lodge104.com should mail in the following form NO LATER THAN MAY 1st (for Spring Inductions) or SEPTEMBER 1st (for Fall Fellowship) to Charly Kerr 6900 Northridge Dr Raleigh, NC 27615.

Troop:	Chapter:	Date:
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Candidate Information

1 Name:	DOB (MM/DD/YYYY):	BSA ID#:
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Address:	City:	Zip:
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Phone:	Email:	Nutritional Requirements:
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2 Name:	DOB (MM/DD/YYYY):	BSA ID#:
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Address:	City:	Zip:
----------	-------	------

Phone:	Email:	Nutritional Requirements:
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3 Name:	DOB (MM/DD/YYYY):	BSA ID#:
---------	-------------------	----------

Address:	City:	Zip:
----------	-------	------

Phone:	Email:	Nutritional Requirements:
--------	--------	---------------------------

4 Name:	DOB (MM/DD/YYYY):	BSA ID#:
---------	-------------------	----------

Address:	City:	Zip:
----------	-------	------

Phone:	Email:	Nutritional Requirements:
--------	--------	---------------------------

5 Name:	DOB (MM/DD/YYYY):	BSA ID#:
---------	-------------------	----------

Address:	City:	Zip:
----------	-------	------

Phone:	Email:	Nutritional Requirements:
--------	--------	---------------------------

6 Name:	DOB (MM/DD/YYYY):	BSA ID#:
---------	-------------------	----------

Address:	City:	Zip:
----------	-------	------

Phone:	Email:	Nutritional Requirements:
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Page 2 of 2



7 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	
8 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	
9 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	
10 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	
11 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	
12 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	
13 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	



Adult Nomination Form

Description

Nomination of an adult Scouter for membership in the Order of the Arrow should take place only when the adult's job in Boy Scouting will make Order of the Arrow membership more meaningful in the lives of the youth membership. Nomination of an adult Scouter is **not** to be considered as an honor or recognition of service to Scouting. Return this form to the Lodge Adviser **by February 15th for the March Ordeal, by April 15 for the May Ordeal, or by August 15th for the September Ordeal.**

Candidate Information

(Please Print)

Name: First _____ M. I. _____ Last _____ Nickname _____

Address _____ City _____ Zip+4 _____

_____/_____/_____
Phone (home) _____ Phone (business) _____ E-mail _____

Primary Registration: Unit Type and No. _____ District _____ Birth Mo. ____/____/____
Day ____ Year ____

Current Primary Registered Position with BSA _____

Date of last Youth Protection Training _____

BSA ID Number _____

Dietary Restrictions _____

Qualifications

Adult leaders in units: Each year, upon holding a troop or team election for youth candidates that results in at least one youth candidate being elected, the unit committee may nominate adults to the lodge adult selection committee. The number of adults nominated can be no more than one-third of the number of youth candidates elected, rounded up where the number of youth candidates is not a multiple of three. In addition to the one-third limit, the unit committee may nominate the currently-serving unit leader (but not assistant leaders), as long as he or she has served as unit leader for at least the previous twelve months. Recommendations of the adult selection committee, which consists of the lodge adviser, the chairman of the council committee on which the lodge adviser serves, and the lodge staff adviser, with the approval of the Scout executive, serving as Supreme Chief of the Fire, will be candidates for induction, provided the following conditions are fulfilled:

- Selection of the adult is based on the ability to perform the necessary functions to help the Order fulfill its purpose, and not for recognition of service, including current or prior achievement and positions.
- The individual will be an asset to the Order because of demonstrated abilities that fulfill the purpose of the Order.
- The camping requirements set forth for youth members are fulfilled.
- The adult leader's membership will provide a positive example for the growth and development of the youth members of the lodge.

Recommendations

The above named adult leader fulfills the necessary requirements (as listed above) and is duly recommended by the unit committee for membership in the Order of the Arrow: (sign appropriate lines for nominee's primary registration)

Unit Nomination: _____
Unit Leader (signature) _____ Committee Chairman (signature) _____ Month ____/____/____
Day ____ Year ____

District/Council Nomination: _____
Signature _____ Position _____ Month ____/____/____
Day ____ Year ____

LODGE APPROVAL (Lodge Use Only)

Lodge Selection Committee ____/____/____ A / R



Troop Representative Registration Form

Representative Information															
Name:		Email:													
Address:															
City:	State:	Zip Code:													
Phone: ()	Unit Number:	Circle O/B/V: Ordeal Brotherhood Vigil													
Circle Chapter: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%;">Ilau Machque (Black River)</td> <td style="width: 33%;">Lauchsoheen (LaFayette)</td> <td style="width: 33%;">Neusiok (Neuse River)</td> </tr> <tr> <td>Eluwak (Mawat)</td> <td>Netopalis (Dogwood)</td> <td>Mimahuk (Highlander)</td> </tr> <tr> <td>Saponi (Shakori)</td> <td>Netami (Crosswinds)</td> <td>Temakwe (Awahili)</td> </tr> <tr> <td>Kiowa (Impessa)</td> <td></td> <td></td> </tr> </table>				Ilau Machque (Black River)	Lauchsoheen (LaFayette)	Neusiok (Neuse River)	Eluwak (Mawat)	Netopalis (Dogwood)	Mimahuk (Highlander)	Saponi (Shakori)	Netami (Crosswinds)	Temakwe (Awahili)	Kiowa (Impessa)		
Ilau Machque (Black River)	Lauchsoheen (LaFayette)	Neusiok (Neuse River)													
Eluwak (Mawat)	Netopalis (Dogwood)	Mimahuk (Highlander)													
Saponi (Shakori)	Netami (Crosswinds)	Temakwe (Awahili)													
Kiowa (Impessa)															
Scoutmaster Approval															
Signature:		Term of Position:													
Date:		Phone:													
Form Submission															
Submit to: VC Communications															

**Occoneechee Lodge 104 Official Vigil Honor Petition, Page 2 of 2****Qualifications**

The following information to assist the Vigil Selection Committee in consideration of the nominee. Nominators are encouraged to provide as much information as possible on each candidate. Letters of recommendation, resumes, and other such attachments are welcomed and encouraged. A good rule of thumb is to assume that the Vigil Committee knows nothing about your candidate. This will insure that all important information will be presented for careful consideration. A clearly written, well thought out and researched petition will be much appreciated. Thank You.

Nominee's Name:

Unit Affiliation:

Unit Activities of Special Note:

Chapter Affiliation:

Chapter Activities of Special Note:

Lodge Positions and Activities of Special Note:

Other reasons why Nominee should be considered:

Submission Information

I believe this Nominee is deserving of the Vigil Honor because:

Nominated by (please print):

Phone:

Please submit online at www.tinyurl.com/Vigil104 by the Sunday EC of Spring Pow-Wow



Roth Award Application Form

Application can be found online at www.winyurl.com/Roth104

Description

The William Stanley Roth Award for Outstanding Chapter Service to the lodge will be given each year to the outstanding Chapter that devotes the most service to the Council, Camps, and Lodge. The winning Chapter's name will be engraved on a plaque. At Fall Fellowship, each Chapter will submit the online form at www.tinyurl.com/Roth104. The report should cover the time span from the past Fall Fellowship to the present one, excluding the present event.

Award Checklist

Chapter Name	:
Name of person completing form	
Phone number	
1. How many active registered youth are in your chapter?	
2. How many youth in your chapter attended Pow Wow?	
3. How many youth in your chapter attended Spring Inductions?	
4. How many youth in your chapter attended Fall Fellowship?	
5. How many youth in your chapter attended Winter Gathering?	
6. How many Chapter JTE Points did you earn?	
7. How many total Vice Chief of Program points did you earn?	
8. How many total Vice Chief of Administration points did you earn?	
9. How many total Vice Chief of Communication points did you earn?	
10. How many total Vice Chief of Finance points did you earn?	
11. How many EC meetings did your Chapter Chief attend?	
12. How many times did a representative take his place?	
13. How many Chapter meetings did you have?	

Form must be submitted online at: www.tinyurl.com/Roth104



Founder's Award Petition

Description

The Founder's Award was established to recognize certain registered, active Brotherhood or Vigil Honor members of the Order of the Arrow at the local Lodge level. The member's life should reflect a spirit of achievement in his everyday activities. Through his everyday life he should show:

An understanding of the world he lives in
 A determination to do his best at all times
 An enthusiasm while doing what he believes should be done
 A belief in, and a commitment to, those "things of the Spirit"
 (Brotherhood, Cheerfulness, and Service)

Requirements

Last Name:	First Name:	Middle Initial:
Circle One: Scout Venturer Scouter	Date (MM/DD/YYYY):	
Address:		
City:	State:	Zip:
Unit Affiliation:		
Inducted into the Order of the Arrow as Ordeal in (MM/YYYY):		
Sealed membership with Brotherhood in (MM/YYYY):		
Elevated to Vigil Honor (if applicable) in (MM/YYYY):		
How has the person named in this petition reflected the 'spirit of achievement' in his Scouting and non-Scouting activities?		
Approvals : <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> _____ Chapter Chief </div> <div style="text-align: center;"> _____ Chapter Adviser </div> </div>		

RETURN THIS APPLICATION TO THE CHAIRMAN OF THE FOUNDERS' COMMITTEE BY THE END OF THE EXECUTIVE COMMITTEE MEETING AT FALL FELLOWSHIP.



Ceremony Team Recognition Patch Award Form

Applicant Information

Name:

Circle One Ceremony:

PreOrdeal Ordeal Brotherhood

Circle your membership:

Ordeal Brotherhood Vigil

Circle Chapter:

Ilau Machque (Black River)

Lauchsoheen (LaFayette)

Neusiok (Neuse River)

Eluwak (Mawat)

Netopalis (Dogwood)

Mimahuk (Highlander)

Saponi (Shakori)

Netami (Crosswinds)

Temakwe (Awahili)

Kiowa (Impessa)

Award Checklist

Occoneechee Lodge offers recognition for its performers of ceremonies. The Ceremonies Award Patch is available for lodge members who meet the following requirements:

Circle Yes or No:

1. Are you under 21 years of age?

Yes No

2. Have you made your ceremony outfit?

Yes No

3. Have you performed in 5 ceremonies for the Lodge?

Yes No

4. Are you an active (dues paid, council registered) member in the Lodge?

Yes No

5 a. (PreOrdeal) Have you competed at Spring PowWow, Conclave, or NOAC?

b. (Ordeal Team) Has your ceremony performance been critiqued by a qualified individual?

Yes No

c. (Brotherhood Team) Have you competed at conclave or NOAC?

(a.-c.) List the event and the competition in the space below.

Chairman of the Lodge Ceremonies Sub-Committee (print and sign)

RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE CEREMONIES SUB-COMMITTEE BY OCTOBER 1ST.



Dancer Recognition Patch Award Form

Applicant Information

Name:

Circle your membership:

Ordeal Brotherhood Vigil

Circle Chapter:

Ilau Machque (Black River)

Lauchsoheen (LaFayette)

Neusiok (Neuse River)

Eluwak (Mawat)

Netopalis (Dogwood)

Mimahuk (Highlander)

Saponi (Shakori)

Netami (Crosswinds)

Temakwe (Awahili)

Kiowa (Impessa)

Award Checklist

Occoneechee Lodge offers recognition for its dancers. The Dancer Recognition Patch is available for lodge members who meet the following requirements:

Circle Yes or No:

1. Are you under 21 years of age?

Yes No

2. Do you have a Native American dance outfit?

Yes No

3. Indicate your dance style in the space provided.

4. On the back of this form or in a separate attachment, please explain the full origin of your dance.

Yes No

5. Have you competed at a Lodge event? If so, list the event and competition in the space below.

Yes No

6. a. Have you competed at a Conclave and/or National Order of the Arrow Conference? OR

Yes No

b. Have you participated in a non-Lodge or non-Section Pow Wow?

If so, list the event and the competition or participation in the space below.

Chairman of the Dance Sub-Committee (print and sign)

RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE DANCE SUB-COMMITTEE BY OCTOBER 1ST.



HOKA Lodge Singer Award Patch Award Form

Applicant Information

Name:

Circle your membership:

Ordeal Brotherhood Vigil

Circle Chapter:

Ilau Machque (Black River)

Lauchsoheen (LaFayette)

Neusiok (Neuse River)

Eluwak (Mawat)

Netopalis (Dogwood)

Mimahuk (Highlander)

Saponi (Shakori)

Netami (Crosswinds)

Temakwe (Awahili)

Kiowa (Impessa)

Award Checklist

Occoneechee Lodge offers recognition for its singers. The HOKA Lodge Singer Award Patch is available for lodge members who meet the following requirements:

Circle Yes or No:

1. Have you attended Southern Singing Seminars at any TWO of the following events?

Yes No

a. Lodge 104 Event

b. Section SR-7B Conclave

c. Carolinas Indian Seminar

d. National Order of the Arrow Conference

2. Have you sung at 10 official Lodge Drum practice sessions?

Yes No

3. Have you sung at 6 District, Lodge, Council, Section, or NOAC events as a member of a Lodge 104 Chapter or Lodge Drum?

Yes No

4. Have you started and led 4 songs (at any combination of the events in requirement 3)?

Yes No

5. Have you explained the origin, words, meaning, background, etc. of 3 word songs or 3 non-word (vocal) songs?

Yes No

6. Have you described the general sequence of songs for a typical powwow?

Yes No

7. Have you explained the two general styles of Native American powwow singing and the two general types of Native American songs?

Yes No

8. Have you described/demonstrated the drumbeat for each of the following?

Yes No

Intertribal Song, Ruffle Dance Song, Round Dance Song, Memorial Song, Trot Song, Fancy Dance Song

9. Have you described the duties and responsibilities of a singer?

Yes No

10. Have you described the duties and responsibilities of the Lead Singer?

Yes No

11. Have you described the duties and responsibilities of the Keeper of the Drum?

Yes No

12. Have you described in general terms the protocol/etiquette surrounding the drum?

Yes No

Chairman of the Singing Sub-Committee (print and sign)

RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE SINGING SUB-COMMITTEE BY OCTOBER 1ST.



104 Service Award Form

Description

The 104 Service Award is given to a youth or adult that is always helping the Lodge succeed. On this sheet you will need to keep a record of how much time you put in to help the Lodge. A minimum total of 104 hours is required for the award. If work is done at the Occoneechee Scout Camp, the hours worked will be multiplied by two. Working at home for the Lodge will be accepted. Lodge events and Summer Camp Staff do not apply toward the worked hours. The award consists of a Service Patch, which is not a flap, to be worn on the uniform. You are responsible for recording your hours using this form and submitting it on time.

Requirements

Applicant Name: _____

Date	Hours Worked	Project Worked On	Location
Hours worked at Occoneechee Scout Reservation (multiply x2):			
Worked at home:			
Total hours worked:			

***RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE RECOGNITIONS
COMMITTEE BY THE END OF THE EXECUTIVE COMMITTEE MEETING AT FALL
FELLOWSHIP.***



Troop Service Award Form

Requirements		
Date	Leader's Initials	
		1. Camp with your troop on at least eight (8) weekends and a long term camp within one year.
		2. Help two (2) Scouts achieve the First Class rank.
		3. Participate in a troop service project (or projects) totaling six (6) hours.
		4. Attend at least 85% of troop meetings within a year.
		5. Participate in a long-term camping experience, such as summer camp.
		6. Take a troop leadership role.
		7. Show Scout Spirit by living up to the Scout Oath and Law.
		8. Wear the proper uniform correctly.
<p>_____ has met the requirements for Occoneechee Lodge's Troop Service Award on ____/____/____</p> <p>in</p> <p>Troop # _____, in _____ chapter.</p>		
<p>Scoutmaster (print and sign)</p>		

RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE RECOGNITIONS COMMITTEE BY THE END OF THE EXECUTIVE COMMITTEE MEETING AT FALL FELLOWSHIP.



Summer Camp Staffer Award Form

Requirements

Name:		Phone:	
Address:			
City:		State:	
		Zip:	
1. Are you a member of Occoneechee Lodge #104?		Yes	No
2. Have you paid your dues up to date?		Yes	No
3. Have you served the whole contractual agreement of no less than three weeks, without being fired or quitting?		Yes	No
4. Have you served this period as a staffer Camp Durant?		Yes	No
5. Have you been recommended by the Camp Director or Program Director?		Yes	No
<p>I meet the above criteria for this Award. In addition, I have not already received a Summer Camp Staffer Award for this term of service.</p> <p>Applicant (print and sign)</p> <p>Summer Camp Director or Program Director (print and sign) _____</p>			

RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE RECOGNITIONS COMMITTEE BY THE END OF THE EXECUTIVE COMMITTEE MEETING AT FALL FELLOWSHIP.



RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE RECOGNITIONS COMMITTEE BY THE END OF THE EXECUTIVE COMMITTEE MEETING AT FALL FELLOWSHIP.

RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE RECOGNITIONS COMMITTEE BY THE END OF THE EXECUTIVE COMMITTEE MEETING AT FALL FELLOWSHIP.

Friend of the Thunderbird Award Petition

Nominee Information

Individual Name:

Business Name:

Reason for nomination:

Nominating Member Information

Member Name:

Phone:

Date:

Submission of this petition is only such and does not guarantee the nominee recognition. The lodge Key 3 will make final Decisions.

Please return to Lodge Chief by the conclusion of Fall Fellowship.



Ceremonies Award Form

Applicant Information

Name:

Circle Ceremony (all that apply):

PreOrdeal Ordeal Brotherhood Cross-Over

Circle your membership:

Ordeal Brotherhood Vigil

Circle Chapter:

Ilau Machque (Black River)

Lauchsoheen (LaFayette)

Neusiok (Neuse River)

Eluwak (Mawat)

Netopalis (Dogwood)

Mimahuk (Highlander)

Saponi (Shakori)

Netami (Crosswinds)

Temakwe (Awahili)

Kiowa (Impessa)

Award Checklist

Occoneechee Lodge offers recognition for its performers of ceremonies. The Ceremonies Award Patch is available for lodge members who meet the following requirements:

Circle Yes or No:

1. Are you under 21 years of age?

Yes No

2. Have you made your ceremony outfit?

Yes No

3. Have you performed in 5 ceremonies for the Lodge?

Yes No

4. Are you an active (dues paid, council registered) member in the Lodge?

Yes No

5 a. (PreOrdeal) Have you competed at Spring PowWow, Conclave, or NOAC?

Yes No

b. (Ordeal Team) Has your ceremony performance been critiqued by a qualified individual?

Yes No

c. (Brotherhood Team) Have you competed at conclave or NOAC?

Yes No

Confirmation by Lodge Ceremony Committee:

RETURN TO RECOGNITIONS COMMITTEE CHAIRMAN



Conclave 2014 Delegate Medical Form

To be filled out by parent/guardian or adult participant. Please print in ink.			
Delegate Information			
Name:		Email:	
Address:			
City:	State:	Zip Code:	Chapter:
Phone: ()		Date of Birth:	
Circle One: Ordeal Brotherhood Vigil			
Primary Emergency Contact			
Name:		Relationship:	
Day Phone: ()		Night Phone: ()	
Secondary Emergency Contact			
Name:		Relationship:	
Day Phone: ()		Night Phone: ()	
Medical Information			
Do you: <input type="checkbox"/> have any medical restrictions? <input type="checkbox"/> currently take any medication? <input type="checkbox"/> have any dietary restrictions?		Explain:	
Health Insurance Company:		Policy #:	
Have or subject to: <input type="checkbox"/> Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart trouble <input type="checkbox"/> Allergy to medication, food plant, animal, or insect <input type="checkbox"/> Any condition requires special care, medication, or diet <input type="checkbox"/> NONE OF THE ABOVE APPLY		Explain:	
Have difficulty with (check if yes): <input type="checkbox"/> Eyes, ears, nose, throat <input type="checkbox"/> Digestion <input type="checkbox"/> Bed-wetting <input type="checkbox"/> Lungs <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Any condition now requiring regular medication?		Explain:	
		Name of medication:	
Last Tetanus toxoid date:			
This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted. In the event that I cannot be reached in an emergency, I hereby, give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection.			
Participant		Parent or guardian	
Signature:		Signature (if participant under 18 years):	
x _____ Date: _____		x _____ Date: _____	



Lodge 104 Ceremony Ring Addition Request Form

It is required that this form be filled out prior to any extensive work done on Lodge 104 Ceremony Rings. In order to maintain authenticity, practicality, and safety in ceremonies rings, additions to any ring must be approved by the ceremonies committee and the Vice Chief of Programs. This form is required for structure, relocation of a ring, and removal of any elements submitted and approved using this form. Elements essential to a ceremony ring (candle holders, seating, and rostrums) can be built or repaired without prior approval. Any elements that are in rings as of November 2010 do not need to be approved by the committee but will be subject to review and possible removal or alteration.

Requirements:

1. Submit the following completed form to the ceremonies committee chairman and/or advisor.
2. Have the Ceremonies Committee Chairman and Vice Chief of Programs sign off on the proposed project.

Application:

Letter of Ring: _____

Please refer to the ring map which labels each ring by letter.

Sponsoring Chapter of the Ring: _____

Description of Addition Being Requested (include sizes, location in ring, types of material, and any other information applicable to the project):

Signatures:

Ceremonies Committee Chair: _____ Date: _____

Vice Chief of Programs: _____ Date: _____

The purpose of this form is to insure safety and authenticity in ceremony rings. Accordingly, if an addition to a ring is completed without approval, the ceremonies committee reserves the right to suspend the performance rights of the chapter in question until the addition has been altered or removed to meet Ceremonies Committee and Vice of Programs approval.



Application for the Naming of a Ceremony Ring

It is the wish of Occoneechee Lodge that, due to the limited number of ceremony rings, naming them shall be an honor reserved for those who have provided invaluable service to not only their chapter but the lodge and dedicated themselves to the growth of young men. Past recipients of this distinction have included nationally renowned Arrowmen and individuals instrumental to making Lodge 104 the great lodge it is.

Since there are a limited number of ceremony rings, naming rings after individuals should not be done without careful consideration and a true belief of the individual's exemplary dedication and service to the lodge.

Requirements for Application

1. Receive approval from the Vice Chief of Programs, Ceremonies Sub-Committee Chairman, and Lodge Key 3 prior to making a motion at an Executive Committee Meeting.
2. Receive approval from the Executive Committee by a 75% majority positive vote.
3. Provide and attach a written essay that outlines how the nominee has influenced their chapter, the lodge, and been instrumental to the benefit and growth of the young men in our lodge.
4. Attach a picture of the nominee to the application.
5. The application must include, in addition to the essay written by the applicant (mentioned in requirement 3), no fewer than three letters written from three different Arrowmen to the Lodge Executive Committee. These letters are to outline how the nominee demonstrates the qualities listed above, in the introductory paragraph, and why they are worthy of such a high honor.
6. The applicant or chapter may send a lobbyist to EC to testify on the nominee's behalf.

When picking a name for a ring, it is suggested that, if a ring is already named, the original name be honored in the new name. For example, if the "Uncas" ring is being renamed to honor E. Urner Goodman, the new ring should honor both people e.g. "The Uncas-Goodman Ring". The original name of a ring should never be dropped entirely and it is suggested that, if a ring name already honors multiple people, other aspects of the ring such as the fire lay be named instead. If possible, it is preferable that any one ring NOT be named for more than one person.

**CEREMONY RING NAMING Application:**

Chapter Name: _____

Current Letter and Location of Ring: _____

Proposed Name of Ring: _____

Applicant (Arrowman Proposing Naming): _____

Approval Signatures:

Ceremonies Sub-Committee Chairman: _____ Date: _____

Vice Chief of Programs: _____ Date: _____

Lodge Chief: _____ Date: _____

Lodge Advisor: _____ Date: _____

Lodge Staff Advisor: _____ Date: _____

Essay:

Provide and attach an essay detailing how the proposed Arrowman has influenced their chapter, Lodge 104, and how they have been instrumental to the benefit of the young men in the lodge. This essay should provide definitive evidence for why the Lodge should immortalize the proposed person's name. The essay should be in the style of a formal letter to the Executive Committee of Lodge 104.



Occoneechee Lodge 104
Ceremony Ring Map

