



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; a \$10.00 late fee (\$60.00 total) will also be assessed if you register within the last 7 days prior to the Ordeal. In order to become a member of the Order of the Arrow (the OA), you must complete the Ordeal weekend on one of two weekends during the coming year:

a. May 20-22, 2016 (Spring Inductions)

Register here: <http://www.lodge104.net/event/spring-inductions2016/>

b. September 16-18, 2016 (Fall Fellowship)

Register here: <http://www.lodge104.net/event/fall-fellowship2016/>

Member Information

Name:		Email:	
Address:			
City:	State:	Zip Code:	
Phone: ()	Unit Number:	Date of Birth:	
Circle Chapter (District): <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Ilau Machque (Black River) Eluwak (Mawat) Saponi (Shakori) Kiowa (Impessa) </div> <div style="width: 30%;"> Lauchsoheen (LaFayette) Netopolis (Dogwood) Netami (Crosswinds) </div> <div style="width: 30%;"> Neusiok (Neuse River) Mimahuk (Highlander) Temakwe (Awahili) </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 <input type="checkbox"/> 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.			
Candidate		Parent or guardian	
Signature:		Signature (if candidate is under 18 years):	
x _____ Date: _____		x _____ Date: _____	
		Home Phone:	Mobile Phone:

** Registration is due 1 week prior to every event to allow food and program materials to be ordered in the most economical way.

Registrations made within 1 week of the event are subject to a \$10 late registration fee. See the Lodge refund policy on the website for additional information. www.lodge104.net/registration/refunds



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
	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 Lodge Master should mail in the following form NO LATER THAN MAY 1st (for Spring Inductions) or SEPTEMBER 1st (for Fall Fellowship) to Jim Sheckels, 6916 Glynn Mill Farm Dr, Fayetteville, NC 28306-9516 or jim@sheckels.com.

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:
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Phone:	Email:	Nutritional Requirements:
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3 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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4 Name:	DOB (MM/DD/YYYY):	BSA ID#:
---------	-------------------	----------

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

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

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

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

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



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:	



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>Netopolis (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)	Netopolis (Dogwood)	Mimahuk (Highlander)	Saponi (Shakori)	Netami (Crosswinds)	Temakwe (Awahili)	Kiowa (Impessa)		
Ilau Machque (Black River)	Lauchsoheen (LaFayette)	Neusiok (Neuse River)													
Eluwak (Mawat)	Netopolis (Dogwood)	Mimahuk (Highlander)													
Saponi (Shakori)	Netami (Crosswinds)	Temakwe (Awahili)													
Kiowa (Impessa)															
Scoutmaster Approval															
Signature:		Term of Position:													
Date:		Phone:													
Form Submission															
Submit to: Lodge Vice Chief of Communication Nick Anderson, nickanderson1998@gmail.com															

Instructions

Nominee Information

Order of the Arrow Information:



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:

Suggested Vigil Guide Name:

Phone:

Email:

Note: the Guide MUST be a Vigil member.

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 NO LATER THAN LUNCH DURING SPRING INDUCTIONS.



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 AT FALL FELLOWSHIP.



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 AT FALL FELLOWSHIP



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 AT FALL FELLOWSHIP



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. 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			
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.



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 AT FALL FELLOWSHIP



Conclave 2016 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 Program. 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 Program 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 Program: _____ 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 Program 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: _____

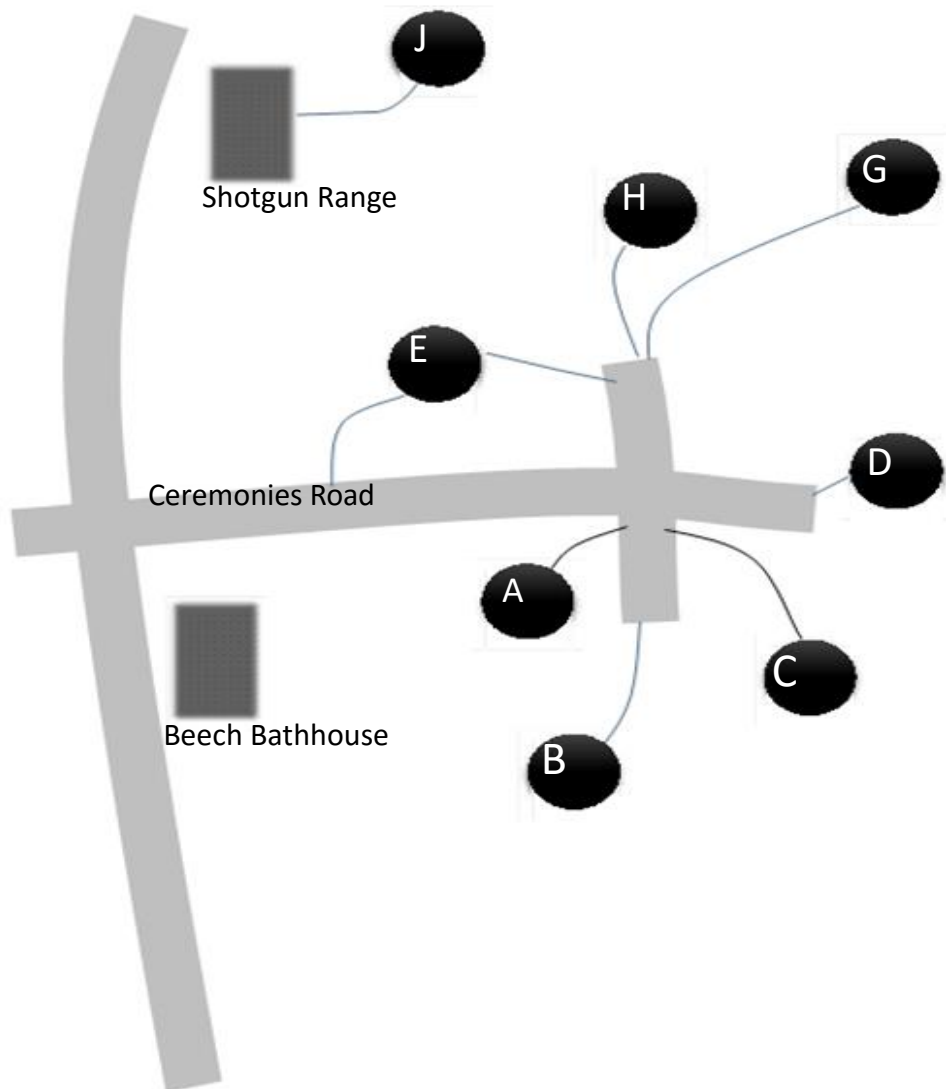
Lodge Staff Advisor: _____ Date: _____

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.



CEREMONY RING MAP





UNIT OF EXCELLENCE AWARD PETITION

As the primary platform where the Scouting program is delivered to youth, the unit is the most vital and important level of the BSA for the Order to support.

The Order of the Arrow Unit of Excellence Award seeks to identify those units, and the leaders within them, who excel at incorporating the OA into their annual planning. This award is intended to provide a tool for lodges to recognize, incentivize, and operationalize unit-level participation in Order of the Arrow programs.

The OA Unit of Excellence Award criteria recognize units that invite the lodge to conduct quality unit elections, participate in lodge events and meetings, and operate a complete OA Troop/Team Representative program. Our hope is that units that complete these criteria will benefit from the support programs that the Order of the Arrow has implemented to strengthen unit-delivered program.

Requirements

OA Rep Initials	OA Adviser Initials	
		<p>Leadership: <i>Implement the Troop/Team OA Representative and Troop/Team OA Representative Adviser programs in your unit for the current year.</i></p> <ul style="list-style-type: none"> - OA Representative name: - OA Rep Adviser name: - Feature an annual presentation at a Court of Honor by the Troop/Team OA - Representative on the Order of the Arrow with a focus on the accomplishments of unit members.
		<p>Participation: <i>Promote lodge events and provide transportation to all Arrowmen wishing to participate.</i></p> <ul style="list-style-type: none"> - At least 50% of unit OA members attend at least one lodge event in addition to their Ordeal.
		<p>Elections: <i>Schedule a unit election with the chapter election team annually.</i></p> <ul style="list-style-type: none"> - Hold an election and have 100% of elected Scouts or Team Members complete their Ordeal.
		<p>Planning: <i>Maintain an active planning process that prevents overlap between lodge and chapter events with unit events.</i></p> <ul style="list-style-type: none"> - Review the OA calendar with the Patrol Leader's Council or Team Leadership during annual troop/team program planning and schedule unit events so that 100% of troop/team programs do not overlap with any full lodge events.
		<p>Conversion: <i>Demonstrate the depth of your unit's OA program through Brotherhood Conversion.</i></p> <ul style="list-style-type: none"> - At least 30% of eligible troop/team members seal their membership in the Order by converting to Brotherhood.

CERTIFICATION

_____ Unit Type/Number	has met the requirements for the Order of the Arrow Unit Award of Excellence and is ready to be recognized at the annual Lodge Banquet.
Scoutmaster (print and sign)	Email Address or Phone Number