

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.

Date:

Amount:

Total:	
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Authorized by (print):

- ☐ Administration
- ☐ Programs
- ☐ Communication
- ☐ Finance
- ☐ Other (Key 3 on

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).

Date:

Status:

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

Total Amount:

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: Amangi Newo (Hemlock) Canotka (Cape Fear) Eluwak (Mawat) Eno (Orange) Kiowa (Impeesa) Lumbee Anilorac (Kia Kima) Natsihi (Moore) Netami (Crosswinds) Neusiok (Neuse River) Niganit (Tuocs) Yamni Wakpa (Three Rivers) Wazeeyahtah (Great Northern)		

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; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">Amangi Newo (Hemlock)</div> <div style="width: 30%;">Canotka (Cape Fear)</div> <div style="width: 30%;">Eluwak (Mawat)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">Eno (Orange)</div> <div style="width: 30%;">Kiowa (Impeesa)</div> <div style="width: 30%;">Lumbee Anilorac (Kia Kima)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">Natisihi (Moore)</div> <div style="width: 30%;">Netami (Crosswinds)</div> <div style="width: 30%;">Neusiok (Neuse River)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">Niganit (Tuocs)</div> <div style="width: 30%;">Yamni Wakpa (Three Rivers)</div> <div style="width: 30%;">Wazeeyahtah (Great Northern)</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:
Date of Immunizations:	Name of medication:
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: x _____ Date: _____	Signature (if candidate is under 18 years): x _____ Date: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Home Phone: _____ Mobile Phone: _____ </div>
	The Chapter completed a service project for either: (a) a council camp, (b) an approved council wide service project or community service project.
	The Chapter held at least at least eight meetings a year.



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 the Lodge Records Advisor. See section A for mailing address.

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#:
---------	-------------------	----------

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

Address:	City:	Zip:
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Phone:	Email:	Nutritional Requirements:
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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 **at least two weeks before the planned call-out.**

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
BSA ID Number			

Qualifications

ONE ADULT PER 50 SCOUTS in a unit may be recommended each year, provided at least one youth is elected from that unit. The following criteria shall be used for selection:

- ☐ As per the camping requirement that apply to both youth and adult candidates, this candidate has experienced at least fifteen days and nights of Boy Scout camping during the two year-period prior to the unit election. The fifteen days and nights must include one, but no more than one, long term camp consisting of six consecutive days and five nights of resident camping, approved and under the auspices and standard of the Boy Scouts of America. The balance of the camping must be overnight, weekend, or other short-term camps.
- ☐ This candidate will be an asset to the Order because of demonstrated abilities that fulfill the purpose of the Order of the Arrow.
- ☐ This leader's membership will provide a positive role model for the growth and development of the youth members of the lodge.
- ☐ This leader's selection was based on the ability to perform the necessary function to help the Order fulfill its purposes and not for recognition of service, including current or prior achievement and position.

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
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District/Council Nomination:

Signature	Position	Month	Day	Year
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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													
<p>Circle Chapter:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amangi Newo (Hemlock)</td> <td style="width: 33%;">Canotka (Cape Fear)</td> <td style="width: 33%;">Eluwak (Mawat)</td> </tr> <tr> <td>Eno (Orange)</td> <td>Kiowa (Impeesa)</td> <td>Lumbee Anilorac (Kia Kima)</td> </tr> <tr> <td>Natisihi (Moore)</td> <td>Netami (Crosswinds)</td> <td>Neusiok (Neuse River)</td> </tr> <tr> <td>Niganit (Tuocs)</td> <td>Yamni Wakpa (Three Rivers)</td> <td>Wazeeyahtah (Great Northern)</td> </tr> </table>				Amangi Newo (Hemlock)	Canotka (Cape Fear)	Eluwak (Mawat)	Eno (Orange)	Kiowa (Impeesa)	Lumbee Anilorac (Kia Kima)	Natisihi (Moore)	Netami (Crosswinds)	Neusiok (Neuse River)	Niganit (Tuocs)	Yamni Wakpa (Three Rivers)	Wazeeyahtah (Great Northern)
Amangi Newo (Hemlock)	Canotka (Cape Fear)	Eluwak (Mawat)													
Eno (Orange)	Kiowa (Impeesa)	Lumbee Anilorac (Kia Kima)													
Natisihi (Moore)	Netami (Crosswinds)	Neusiok (Neuse River)													
Niganit (Tuocs)	Yamni Wakpa (Three Rivers)	Wazeeyahtah (Great Northern)													

Scoutmaster Approval

Signature:	Term of Position:
Date:	Phone:

Form Submission

Submit to:

Troop Rep. Committee Chairman
(See section A for contact information)

To nominate an Occoneechee Lodge Arrowman as a candidate for the Vigil Honor please complete this form and submit it to the Vigil Chairman or his Advisor by the EC of Spring Pow-Wow. Any active Brother in Occoneechee Lodge may submit a nomination. Nominations not received by the Vigil Committee Chairman or his adviser before the EC of Sunday of Spring Pow-Wow will not be considered!

(Type or print clearly)

Position in Unit held by nominee:

With the petition or it will not be considered

Please note: There is a Lenni Lenape word list in the back of your Order of the Arrow Handbook. If you cannot suggest an Indian name, the Vigil Committee will supply one with the National Petition



**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 to the Vigil Chairman or his Advisor by the Sunday EC of Spring Pow-Wow



Roth Award Application Form

Chapter: _____ **Chapter Chief:** _____

Section I: Unit Elections

Number of Units in District	1
Number of Units in Which Elections were Held/Refused	2
Divide Line 2 by Line 1	3
Multiply Line 3 by 100	4
Section I Total (enter number from Line 4)	5

Section II: Camp Promotion

Enter Number from Line 1	6
Number of Units in Which Camp Promotion Program was Held/Refused	7
Divide Line 7 by Line 6	8
Multiply Line 8 by 100	9
Section II Total (enter number from line 9)	10

Section III: Brotherhood

Number of eligible, active Ordeal Members	11
Number of Brotherhood Conversions	12
Divide Line 12 by Line 11	13
Multiply Line 13 by 100	14
Section III Total (enter number from line 14)	15

Section IV: Chapter Meetings

Number of Chapter Meetings Held This Year	16
Multiply Line 16 by 25	17
Section IV Total (enter number from Line 17, not to exceed 300)	18

Section V: Executive Committee Meetings

A: Lodge Leadership Development

If Chapter Chief Present Add 15	19
If Chapter Adviser Present Add 10	20
If Chief Representative Present Add 10 (If Chief Present, enter 0)	21
If Adviser Representative Present Add 5 (If Adviser Present, enter 0)	22
Sub-Section A Total (Add lines 19-22)	23

**B: January EC Meeting**

If Chapter Chief Present Add 15	24
If Chapter Adviser Present Add 10	25
If Chief Representative Present Add 10 (If Chief Present, enter 0)	26
If Adviser Representative Present Add 5 (If Adviser Present, enter 0)	27
Sub-Section B Total (Add lines 24-27)	28

C: Spring Pow-Wow

If Chapter Chief Present Add 15	29
If Chapter Adviser Present Add 10	30
If Chief Representative Present Add 10 (If Chief Present, enter 0)	31
If Adviser Representative Present Add 5 (If Adviser Present, enter 0)	32
Sub-Section C Total (Add lines 29-32)	33

D: Spring Inductions

If Chapter Chief Present Add 15	34
If Chapter Adviser Present Add 10	35
If Chief Representative Present Add 10 (If Chief Present, enter 0)	36
If Adviser Representative Present Add 5 (If Adviser Present, enter 0)	37
Sub-Section D Total (Add lines 34-37)	38

E: Fall Fellowship

If Chapter Chief Present Add 15	39
If Chapter Adviser Present Add 10	40
If Chief Representative Present Add 10 (If Chief Present, enter 0)	41
If Adviser Representative Present Add 5 (If Adviser Present, enter 0)	42
Sub-Section E Total (Add lines 39-42)	43
Part A Subtotal (enter number from Line 23)	44
Part B Subtotal (enter number from Line 28)	45
Part C Subtotal (enter number from Line 33)	46
Part D Subtotal (enter number from line 38)	47
Part E Subtotal (enter number from line 43)	48
Section V Total (add Lines 44-48)	49



Section VI: LLD Attendance

Number of Chapter Officers Present (Maximum of 5)	50
Multiply Line 50 by 25	51
Number of Non-officer Youth Present	52
Multiply Line 52 by 10	53
If Chapter Adviser Present, enter 15. If Adult Representative Present, enter 5	54
Add Lines 51, 53, and 54	55
Section VI Total (enter number from Line 55, not to exceed 140 if officers are present; not to exceed 80 if no officers are present)	56

Section VII: Lodge Functions

A: Winter Banquet

Number of Active Brotherhood Members in Chapter	57
Number of Active Vigil Members in Chapter	58
Add Line 57 and Line 58	59
Number of Brotherhood Members Present	60
Number of Vigil Members Present	61
Add Line 60 and Line 61	62
Divide Line 62 by Line 59	63
Multiply Line 63 by 100	64
Sub-section A Total (enter number from Line 64)	65

B: Spring Pow-wow

Enter number from Line 59	66
Number of Brotherhood Members Present	67
Number of Vigil Members Present	68
Add Line 67 and Line 68	69
Divide Line 69 by Line 66	70
Multiply Line 70 by 100	71
Sub-section B Total (enter number from Line 71)	72

C: Spring Inductions

Enter number from Line 59	73
Number of Brotherhood Members Present	74
Number of Vigil Members Present	75
Add Line 74 and Line 75	76
Divide Line 76 by Line 73	77
Multiply Line 77 by 100	78
Sub-section C Total (enter number from Line 78)	79

**D: Fall Fellowship**

Enter number from Line 59	80
Number of Brotherhood Members Present	81
Number of Vigil Members Present	82
Add Line 81 and Line 82	83
Divide Line 83 by Line 80	84
Multiply Line 84 by 100	85
Sub-section D Total (enter number from Line 85)	86
Sub-Section A Total (enter number from Line 65)	87
Sub-Section B Total (enter number from Line 72)	88
Sub-section C Total (enter number from Line 79)	89
Sub-section D Total (enter number from Line 86)	90
Section VII Total (add Lines 87-90)	91

Section VIII: Horizon Experiences

Number of active youth Ordeal Members	92
Number of active youth Brotherhood Members	93
Number of active youth Vigil Members	94
Add Lines 92-94	95
Number of youth who participate in horizon experiences (Conclave, NOAC, OA Trail Crew, etc.)	96
<i>blank</i>	97
Divide Line 96 by Line 95	98
Section VIII Total (enter number from Line 98)	99

Section IX: Service Projects

Enter number from Line 95	100
Number of Chapter Service Man Hours (attach documentation)	101
<i>blank</i>	102
Divide Line 101 by Line 100	103
Section IX Total (enter number from Line 103)	104

Section X: Ceremonies

Number of ceremonies performed before candidates	105
Multiply Line 105 by 10	106
Number of ceremonies performed in competition	107
Multiply Line 107 by 10	108
Add Line 106 and Line 108	109
Section X Total (enter number from Line 109)	110



Section XI: Shows

Number of public performances by Chapter dance or callout team	111
Multiply Line 111 by 5	112
Section XI Total (enter number from Line 112)	113

Section XII: Newsletter

Number of Chapter Newsletters issued	114
Multiply Line 114 by 25	115
Section XII Total (enter number from Line 115, not to exceed 150)	116

Section XIII: Elangomats

Number of Chapter Elangomats	117
Number of Chapter Ordeal Candidates	118
Multiply Line 118 by 0.2	119
Divide Line 117 by Line 119	120
Multiply Line 120 by 100	121
Section XIII Total (enter number from Line 121, not to exceed 100)	122

Section XIV: Bonus

Enter 100 if unit election results are turned in by May 1 st	123
Section XIV Total (enter number from Line 123)	124

Section XV: Point Totals

Section I Total (enter number from Line 5)	125
Section II Total (enter number from Line 10)	126
Section III Total (enter number from Line 15)	127
Section IV Total (enter number from Line 18)	128
Section V Total (enter number from Line 49)	129
Section VI Total (enter number from Line 56)	130
Section VII Total (enter number from Line 91)	131
Section VIII Total (enter number from Line 99)	132
Section IX Total (enter number from Line 104)	133
Section X Total (enter number from Line 110)	134
Section XI Total (enter number from Line 113)	135
Section XII Total (enter number from Line 116)	136
Section XIII Total (enter number from Line 122)	137
Section XIV Total (enter number from Line 124)	138
GRAND TOTAL (add Lines 125-138)	139

Signatures:

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 Chapter Chief

 Chapter Adviser

 Date Submitted

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



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:

Amangi Newo (Hemlock)

Canotka (Cape Fear)

Eluwak (Mawat)

Eno (Orange)

Kiowa (Impeesa)

Lumbee Anilorac (Kia Kima)

Natishi (Moore)

Netami (Crosswinds)

Neusiok (Neuse River)

Niganit (Tuocs)

Yamni Wakpa (Three Rivers)

Wazeeyahtah (Great Northern)

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?
c. (Brotherhood Team) Have you competed at conclave or NOAC?
(a.-c.) List the event and the competition in the space below.

Yes No

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:

Amangi Newo (Hemlock)

Canotka (Cape Fear)

Eluwak (Mawat)

Eno (Orange)

Kiowa (Impeesa)

Lumbee Anilorac (Kia Kima)

Natisihi (Moore)

Netami (Crosswinds)

Neusiok (Neuse River)

Niganit (Tuocs)

Yamni Wakpa (Three Rivers)

Wazeeyahtah (Great Northern)

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:

Amangi Newo (Hemlock)

Canotka (Cape Fear)

Eluwak (Mawat)

Eno (Orange)

Kiowa (Impeesa)

Lumbee Anilorac (Kia Kima)

Natisihi (Moore)

Netami (Crosswinds)

Neusiok (Neuse River)

Niganit (Tuocs)

Yamni Wakpa (Three Rivers)

Wazeeyahtah (Great Northern)

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.



Quality Chapter Status Form

Requirements

To Obtain Quality Chapter Status, chapters must complete each of the 8 requirements and two of the optional criteria. A Lodge Officer or Adviser must sign off on all of the following. Initial and date each requirement in the left column.

Chapter Name:

Chapter Chief:

Chapter Advisor:

Do all of the following:

- | | |
|--|---|
| | 1. The Chapter Experienced positive growth for its membership. |
| | 2. The Chapter inducted a minimum of 30% of its eligible ordeal membership into Brotherhood. |
| | 3. 75% of Chapter Officers attended LLD. |
| | 4. The Chapter completed a service project for either: (a) a council camp, (b) an approved council wide service project or community service project. |
| | 5. The Chapter held at least at least eight meetings a year. |
| | 6. 50% of troops within the district are represented within the Chapter. |
| | 7. The Chapter held elections in 100% of eligible troops except those which individually refuse |
| | 8. Provide at least 2 Elangomats for every 10 candidates during both Spring Inductions and Fall Fellowship. |

Do 2 of the following:

- | | |
|--|---|
| | 1. Produce four newsletters a year. |
| | 2. Conduct a Lodge Ceremony. |
| | 3. The Chapter Sent at least 2 chapter members to either a NOAC or Conclave within the last year. |
| | 4. The Chapter visited at least 75% of troops within the district for the promotion of the council camping, high-adventure, and other outdoor programs. |

Lodge Officer or Adviser Signature (print and sign)

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



Honor Troop Award Form

Requirements

Troop: _____		District: _____		Date Submitted: ____/____/____	
1. Obtain the Centennial Award: ____/____ (MM/YY)					
2. Camp eleven times within twelve months:					
Date	Location & Program				
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
3. Attend Summer Camp:					
	1				
4. Complete two service projects (Eagle Scout projects may be included)(Note service hours for each project):					
	1				
	2				
Scoutmaster Name			Phone:		
Address:					
<div style="margin-bottom: 20px;">Senior Patrol Leader (print and sign)</div> <div>Scoutmaster (print and sign)</div>					

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:

Amangi Newo (Hemlock)

Canotka (Cape Fear)

Eluwak (Mawat)

Eno (Orange)

Kiowa (Impeesa)

Lumbee Anilorac (Kia Kima)

Natishi (Moore)

Netami (Crosswinds)

Neusiok (Neuse River)

Niganit (Tuocs)

Yamni Wakpa (Three Rivers)

Wazeeyahtah (Great Northern)

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 2012 Delegate Registration Form

Delegate Registration Form

Delegate Information

Name: _____

Address: _____

City State & Zip: _____

Telephone: _____

Email: _____

Date of Birth: _____

Chapter: _____

Lodge Name: _____

Ordeal / Brotherhood / Vigil: _____

Dietary Needs: _____

Emergency Contact

Name: _____

Relationship: _____

Day Telephone: _____

Evening Telephone: _____



Due Date: **Spring Pow Wow**
18 March 2012

Return to:
Finance Adviser
Keith Biegert
102 Bristol Hill Ct.
Cary, NC 27513

Payment: **\$35.00**

Include check payable to:

Occoneechee Lodge 104

Medical form:
Bring Conclave Medical Form
with you to Conclave.

I would like to be contacted about donating blood at the SR-7B Blood Drive
(only check the box if you are 17 years or older)

☐

This will be my first time attending Conclave: (check the box)

☐

Photo release statement

I hereby give the Section permission to use any photos in which I appear that are taken at Conclave for use in promoting future events.

Signature: _____

Date: _____



Conclave 2012 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:
Last Tetanus toxoid date:	Name of medication:

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 Memorabilia Order Summary Form

OCCONEECHEE LODGE 104

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

TELEPHONE: _____

CHAPTER: _____



<i>Item Description</i>	<i>Qty</i>	<i>Price</i>	<i>Total</i>
Delegate Patch (4 inch)		\$5.00	
Delegate Patch Orange Border (4 inch)		\$5.00	
Conclave Backpatch (7 inch)		\$10.00	
Conclave Chenille Backpatch (7 inch)		\$20.00	
Conclave Neckerchief (fully embroidered)		\$10.00	
T-shirt (Medium) – 100% cotton (brown)		\$14.00	
T-shirt (Large) – 100% cotton (brown)		\$14.00	
T-shirt (X-Large) – 100% cotton (brown)		\$14.00	
T-shirt (XX-Large) – 100% cotton (brown)		\$16.00	
T-shirt (XXX-Large) – 100% cotton (brown)		\$18.00	
Section Backpatch (7 inch)		\$10.00	
Section Chenille Backpatch (7 inch)		\$20.00	
SR-7B Mighty Cardinals 2012 Patch		\$5.00	
SR-7B Mighty Cardinals 2012 T-shirt (Medium) – 100% cotton (blue)		\$14.00	
SR-7B Mighty Cardinals 2012 T-shirt (Large) – 100% cotton (blue)		\$14.00	
SR-7B Mighty Cardinals 2012 T-shirt (X-Large) – 100% cotton (blue)		\$14.00	
SR-7B Mighty Cardinals 2012 T-shirt (2X-Large) – 100% cotton (blue)		\$16.00	
SR-7B Mighty Cardinals 2012 T-shirt (3X-Large) – 100% cotton (blue)		\$18.00	
		TOTAL	

RETURN THIS FOR BY 20 JANUARY 2012 TO:

Finance Adviser
Keith Biegert
102 Bristol Hill Ct.
Cary, NC 27513

MAKE CHECKS PAYABLE TO OCCONEECHEE LODGE 104



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

