

Wahinkto Lodge Activity Form

Activity

- HEB Winter Fellowship
- Spring Ordeal
- Summer Fellowship
- Fall Ordeal
- Other _____



Check One That Applies

- Participant/Staff\$20.00
- Brotherhood Candidate\$40.00
- Ordeal Candidate (Ordeals Only)\$60.00

Name:	
Address:	
City	Zip Code:
Phone:	
Cell Phone:	
Email Address:	
Medical Concerns:	
OA Membership	<input type="checkbox"/> Ordeal <input type="checkbox"/> Brotherhood <input type="checkbox"/> Vigil <input type="checkbox"/> OrdealCandidate/Other
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	

Medical Form Parts A, B, and C(Pt. 1) Are Required At ALL Events

Send Form To:

Wahinkto Lodge #199
 PO Box 1584
 San Angelo, TX 76902-1584

For Administration Purposes:

Unit Number: _____
 Scout Rank: _____
 Chapter: _____