



ORDER OF THE ARROW
EVENT PERMISSION & EMERGENCY CONTACT FORM
PLEASE PRINT CLEARLY

Full Name with Middle Initial: _____ Suffix : _____

Address: _____ City, State, Zip Code: _____

Phone Numbers with Area Code - Home: _____ Cell: _____

Email Address: _____

Unit Type, Number and Designation or Council/District Position: _____

Order of the Arrow Honor (If Applicable): _____

* Adults 18 and Older BSA Fee Required Registered Position: _____

I will be Attending:

_____ at _____

Event Dates: _____

Emergency Contact:

Full Name: _____ Relationship to Arrowmen: _____

Address: _____ City, State Zip Code: _____

Phone Numbers with Area Code - Home: _____ Cell: _____

Email Address: _____

Attending Member Signature: _____

Parental Permission is MANDATORY for anyone under the age of 18

My Scout _____ has my permission to attend the Order of the Arrow weekend event above.

I _____ do hereby appoint the Adult Leadership of Ho-Nan-Ne-Ho-Ont Lodge 165 Order of the Arrow, BSA to act in my behalf in authorizing emergency medical, dental, surgical and hospitalization during this event.

Parent/Guardian:

Full Name: _____ Relationship to Arrowmen: _____

Phone Numbers with Area Code - Home: _____ Cell: _____

Email Address: _____

Signature: _____