



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)	Impeesa (Baden Powell)	Kato Hochuli (Falls)
Lumbee Anilorac (Kia Kima)	Natisihi (Moore)	Netami (Crosswinds)
Neusiok (Neuse River)	Niganit (Tuocs)	Yamni Wakpa (Three Rivers)
Wazeeyah (Great Northern)		

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:
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Health Insurance Company:	Policy #:
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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:
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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:
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<input type="checkbox"/> Any condition now requiring regular medication?	Name of medication:
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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): _____
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x _____ Date: _____	x _____ Date: _____
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Home Phone: _____	Mobile Phone: _____
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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: Amangi Newo (Hemlock)	Canotka (Cape Fear)	Eluwak (Mawat)	
Eno (Orange)	Impeesa (Baden Powell)	Kato Hochuli (Falls)	
Lumbee Anilorac (Kia Kima)	Natisihi (Moore)	Netami (Crosswinds)	
Neusiok (Neuse River)	Niganit (Tuocs)	Yamni Wakpa (Three Rivers)	
Wazeeyahtah (Great Northern)			

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	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:



Occoneechee Lodge 104 Service Award Form

Description

The 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 work is done 104 hours minimum is required for the award. If work is done at Camp Durant, or any council camp, the hours worked can be multiplied by two. Lodge events and Summer Camp Staff do not apply toward the worked hours. Working at home for the Lodge would also be accepted.

Annually, at the Winter Banquet, this award will be given to those hardworking Arrowmen. The award consists of a Service Patch, which is not a flap, for the uniform. There is no time limit on accumulating the 104 hours. So I challenge you to meet these requirements and receive the **104 Service Award**.

Requirements

Name

Date	Hours Worked	Project Worked On	Location
Occoneechee Scout Reservations x2:			
Worked at home:			
Total hours worked:			

RETURN FORM TO RECOGNITIONS COMMITTEE CHAIRMAN



Honor Troop Award

Requirements

Troop:		District:		Date Submitted: ___/___/___	
1) Obtain the Centennial Award: ___/___ (MM/YYYY) 2) Camp eleven times within twelve months:					
Date	Location & Program				
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
Attend Summer Camp:					
	1				
Complete two service projects (Eagle Scout projects may be included)(Note service hours for each project):					
	1				
	2				
Scoutmaster Name				Phone:	
Address:					

RETURN TO RECOGNITIONS COMMITTEE CHAIRMAN



Troop Service Award

Requirements

Date	Leaders Initials	
		Camp with your troop on at least eight (8) weekends and a long term camp within one year.
		Help two (2) Scouts achieve the First Class rank.
		Participate in a troop service project (or projects) totaling six (6) hours.
		Attend at least 85% of troop meetings within a year.
		Take a troop leadership role.
		Show scout spirit by living the Scout Oath and Law.
		Wear the proper uniform correctly.

_____ has met the requirements for Occoneechee Lodge's Troop Service Award on ____/____/____ in
 Scout's name _____ mo day year
 troop _____, in _____ chapter.
 troop chapter

RETURN TO RECOGNITIONS COMMITTEE CHAIRMAN



Quality Chapter Status Form

Requirements

To Obtain Quality Chapter Status, chapters must complete each of the 8 requirements and two of the optional criteria. This sheet must be turned in by the final EC of LLD. Lodge Officer or Adviser must sign off on all of the following.

Chapter Name:

Chapter Chief:

Chapter Advisor:

Approved By:

Do all of the following:

	The Chapter Experienced positive growth for its membership.
	The Chapter inducted a minimum of 30% of its eligible ordeal membership into Brotherhood.
	75% of Chapter Officers attended LLD.
	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.
	50% of troops within the district are represented within the Chapter.
	The Chapter held elections in 100% of eligible troops except those which individually refuse
	Provide at least 2 Elangomats for every 10 candidates during both Spring Inductions and Fall Fellowship.
Do two of the following:	
	Produce four newsletters a year.
	Conduct a Lodge Ceremony.
	The Chapter Sent at least 2 chapter members to either a NOAC or Conclave within the last year.
	The Chapter visited at least 75% of troops within the district for the promotion of the council camping, high-adventure, and other outdoor programs.

RETURN TO RECOGNITIONS COMMITTEE CHAIRMAN



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 :		
_____	_____	
Chapter Chief	Chapter Adviser	



Occoneechee Lodge Summer Camp Staffer Award

Requirements

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I meet the above criteria for this Award (Signature): _____

Summer Camp Program Director or Camp Director (Signature): _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I meet the above criteria for this Award (Signature): _____

Summer Camp Program Director or Camp Director (Signature): _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I meet the above criteria for this Award (Signature): _____

Summer Camp Program Director or Camp Director (Signature): _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I meet the above criteria for this Award (Signature): _____

Summer Camp Program Director or Camp Director (Signature): _____

RETURN TO RECOGNITIONS COMMITTEE CHAIRMAN



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.



Occoneechee Lodge 104 Official Vigil Honor Petition

Instructions

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!



Nominee Information

(Type or print clearly)

Name: _____
Last First Middle

Address: _____
Street

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

Date of Birth: _____

Registered as: Boy Scout Scouter
 Venture Varsity Scout
 Other

Highest Scouting rank attained: _____

Position in Unit held by nominee: _____

Photograph of nominee
Must be Submitted
With the petition or it will not be considered

Order of the Arrow Information:

Induction Date: _____ Brotherhood Date: _____

Suggested Indian Name for Nominee: _____

Translated as meaning: _____

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, Continued

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



Unit Election Results Submission Form

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#:
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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#:
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Address:	City:	Zip:
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Phone:	Email:	Nutritional Requirements:
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5 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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6 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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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 _____

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: Amangi Newo (Hemlock)	Canotka (Cape Fear)	Eluwak (Mawat)
Eno (Orange)	Impeesa (Baden Powell)	Kato Hochuli (Falls)
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		
<p>Submit to:</p> <p>Troop Rep. Committee Chairman (See section A for contact information)</p>		



Ceremonies 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)

Impeesa (Baden Powell)

Kato Hochuli (Falls)

Lumbree Anilorac (Kia Kima)

Natisihi (Moore)

Netami (Crosswinds)

Neusiok (Neuse River)

Niganit (Tuocs)

Yamni Wakpa (Three Rivers)

Wazeeyahat (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?

Yes No

Confirmation by Lodge Ceremony Committee:

RETURN TO RECOGNITIONS COMMITTEE CHAIRMAN



Conclave 2010 Delegate Registration Form

Delegate Information		
Name:		
Chapter:		
Email:	Phone:	
Address:		
City:	State:	Zip:
Birthdate (MM/DD/YYYY):		
Circle One:		
Ordeal	Brotherhood	Vigil
Submission		
<p>Form due by end of Spring Pow-Wow to:</p> <p>Finance Adviser Keith Biegert 102 Bristol Hill Ct. Cary, NC 27513</p> <p>Fee: \$35</p> <p>Make checks out to Occoneechee Lodge 104.</p>		



Conclave 2010 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	Explain:
<input type="checkbox"/> Any condition now requiring regular medication?	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: _____



Conclave 2010 Memorabilia Pre-Order Form

Delegate Information

Name:		Chapter:	
Address:		Email:	
City:	State:	Zip Code:	
Phone: ()	Unit Number:	Date of Birth:	

Memorabilia Order Selection

Item	Quantity	Price	Subtotal
Delegate Patch (4")		\$4.00	
Delegate Patch White Border (4")		\$4.00	
Delegate Back Patch (7")		\$10.00	
Conclave Chenille Back Patch (7")		\$20.00	
Conclave Neckerchief (Fully Embroidered)		\$10.00	
Conclave T-Shirt (Medium) 100% Cotton		\$13.00	
Conclave T-Shirt (Large) 100% Cotton		\$13.00	
Conclave T-Shirt (X-Large) 100% Cotton		\$13.00	
Conclave T-Shirt (XX-Large) 100% Cotton		\$15.00	
Conclave T-Shirt (XXX-Large) 100% Cotton		\$17.00	
Section Back Patch (7")		\$10.00	
Section Chenille Back Patch (7")		\$20.00	
SR-7B 100 th Anniversary 4" Patch		\$4.00	
SR-7B 100 th Anniversary T-shirt (Medium) – 100% cotton		\$13.00	
SR-7B 100 th Anniversary T-shirt (Large) – 100% cotton		\$13.00	
SR-7B 100 th Anniversary T-shirt (X-Large) – 100% cotton		\$13.00	
SR-7B 100 th Anniversary T-shirt (2X-Large) – 100% cotton		\$15.00	
SR-7B 100 th Anniversary T-shirt (3X-Large) - 100%		\$17.00	
		Order Total:	

Submission

Form due by January 15th, 2010 to:

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

Make checks To: Occoneechee Lodge 104



