

**Carolinas O.A. Indian Seminar
Registration Form
Due by January 12, 2009**

**Name of Your Group
Please include your Lodge Number**

Adult Leaders: Two-deep gender appropriate leadership is required. Leaders are responsible for Tour Permits and Medical Forms/Releases. Leaders are responsible for the conduct of their group at all times.

Adults

Name	Sex	Mailing Address	City, State & Zip	Phone
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Group Leader

Other Adults

Participants Name	Youth or Adult	Sex	Participants Name	Youth or Adult	Sex

List additional names and e-mail addresses on the back of this sheet

Please supply all the following information

Number needing indoor accommodations at MCC: Males = _____ Females = _____
Number staying in campers = _____ Number staying in area motels = _____
We have special meal needs NO YES (list details on back) _____
We request vendor space NO YES _____
We need handicap considerations NO YES (list details on back) _____

Total Number of Participants _____
X \$36 Registration Fee _____
TOTAL AMOUNT ENCLOSED \$ _____

Registration is transferable but NO REFUNDS
 Mail to: Eswau Huppeday Lodge
 C/O Ralph Bumgarner
 1009 E. Klutz St.
 Maiden, NC 28650

Make check or money order payable to: **Eswau Huppeday Lodge**