

**Carolinas O.A. Indian Seminar
Registration Form
Due by January 12, 2010**

**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
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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 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 \$ _____

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**

REGISTRATION IS TRANSFERABLE BUT NO REFUNDS