



# Native American Theme

HEB Lodge Fellowship  
January 27-29, 2012  
Camp HEB Leakey, Texas

Registration starts 4:00 PM on Friday, 27 January

Checkout at 10:00 on Sunday

Cost: \$20.00; Registration deadline is 12 January. Late registration fee after that date is \$30. Absolute last day to register is 20 January, no exceptions. (NO WALK-INS WILL BE ALLOWED) Space is limited. There is only room for 80 participants. HEB patches will be offered for \$5.00 each.

Come join us for another fun filled Winter Banquet at HEB, remember, there are no work projects and you can scream and yell all you want. This coming year's theme is "Go Native". So dig out your Native American regalia and we'll have the "Big Drum" available. Best dressed and best beadwork will receive an award. During the day there will be plenty of free time for learning beadwork and how to make your own regalia. Also, the camp is great for hiking, fishing, volleyball, football, or of course, the annual dodge ball competition.

Also on the agenda is a lodge meeting where we will elect the 2012 Lodge Officers to their new leadership positions so prepare your speeches to earn the your lodge members trust to the following positions:

- Lodge Chief: Runs the day-to-day Lodge activities; responsible for establishing various committees, setting up OA events, and providing input to the Lodge newsletter. The Lodge Chief also seeks and appoints Ordeal Masters and conducts Lodge Executive Committee (LEC) meetings at least 6 times throughout the year.
- Vice Lodge Chief: Is prepared to perform Lodge Chief duties during Chief's absence. Vice Lodge Chief is expected to assist Lodge Chief with their duties and must be available for all events.
- Lodge Secretary (Vice Chief for Administration): Must ensure communications are established to reach all Lodge members to include a quarterly newsletter. Lodge Secretary must also attend LEC meetings and keep minutes.
- Lodge Treasurer: Works with Adult Advisor to ensure Lodge monies are properly accounted for and assist the trading post team with ordering new items to raise revenue. Lodge Treasurer will also assist with contacting lodge members for annual dues payment.

Vice Chief of Ceremonies: Will ensure the Wahinkto Lodge has a fully staffed Ordeal, Brotherhood, and Vigil ceremonial team

So grab your Native American regalia, pack your sleeping bags and uniforms and come join us at the HEB Foundation Camp for a great time! For questions or concerns; please contact Lodge Chief Kyle Sharp at 325-617-3075 or Lodge Advisor Dan Walker at 325-212-2770

**2012 HEB Lodge Fellowship Registration Form**  
(Only 1 per address mailed, please make copies as needed)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Adult Male: \_\_\_\_ Youth over 17: \_\_\_\_ Youth under 17: \_\_\_\_ Adult Female: \_\_\_\_

Fee Enclosed: \_\_\_\_ \$20 (Late fee will be **\$30.00** after January 12)

2012 Dues Enclosed: \_\_\_\_ \$10 Ordeal Date: \_\_\_\_\_

Brotherhood Date: \_\_\_\_\_

Vigil Date: \_\_\_\_\_

\_\_\_\_ Adults must submit **YOUTH PROTECTION CERTIFICATE** with registration

**\*\*\* Absolute last day to register is January 20<sup>th</sup> (ABSOLUTE DEADLINE. NO WALK-INS) \*\*\***

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**PLEASE MAKE CHECKS PAYABLE TO: Concho Valley Council**



Card Holder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_



Expiration Date: \_\_\_\_\_

\_\_\_\_\_

*(signature)*

**PERSONAL HEALTH AND MEDICAL HISTORY**

To be filled out by parent, guardian, or adult participant. Please type or print legibly in ink.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Medical Conditions/ Allergies:

Activity & Dietary Restrictions:

List all Medications you are currently taking:

Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If parent or guardian is not available in the event of an emergency, notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health/Accident Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

In case of emergency, I understand that every effort will be made to contact me (if an adult, my spouse or next of kin). In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for myself if participant is an adult).

Signature of parent/guardian: \_\_\_\_\_