

NOAC 2020 - CONTINGENT MEMBER INFORMATION FORM

CONTINGENT MEMBER INFO:

Name: _____
(first) (middle initial) (last)

Nickname: _____ DOB: _____

OA Chapter: _____ T-Shirt Size: _____

E-Mail Address: _____

Address: _____

Phone Number: _____

Any medical conditions that contingent leadership should know about:

PARENT/GUARDIAN EMERGENCY CONTACT INFO:

Name: _____
(first) (middle initial) (last)

E-Mail Address: _____

Address: _____

Phone Number: _____

SECONDARY PARENT/GUARDIAN EMERGENCY CONTACT INFO:

Name: _____
(first) (middle initial) (last)

E-Mail Address: _____

Address: _____

Phone Number: _____

AGREEMENT TO PAY:

I agree to pay the full amount necessary to attend the 2020 National Order of the Arrow Conference as a member of the Shenandoah Lodge #258 Contingent at the appropriate times announced by the lodge. (Please attach the **\$100 non-refundable** down payment to this form.)

Parent/Guardian Signature if under 18: _____ Date: _____

Contingent Member Signature: _____ Date: _____