

It's time for the 2010 Carolina's Indian Seminar



You are cordially invited to participate in the 26th annual Carolina's Indian Seminar being hosted by Esauw Huppeday Lodge #560 on January 22-24, 2010 at the Mitchell Community College Continuing Education Center located in Statesville, NC. The cost for this year's Seminar is **\$36/per person** and includes Friday cracker barrel through Sunday breakfast, information booklet, and a patch. The Continuing Ed Center will be open from 5:00 pm on the 22nd until 10:00 am on the 24th.

There will be sessions on Traditional, Fancy, Grass, and Straight dance and clothing. In addition, there will be a Pow Wow on Friday and Saturday night, sessions on beadwork, quillwork, bustle construction, drumming, OA ceremonies, and much more.

Classrooms and the gym can be used for sleeping quarters. In prior years, we have stayed at a local hotel for a cost of approximately \$25 with four boys per room. We leave Greensboro about 6 pm Friday and return Sunday morning about 11 am. We have been using the Scout Office as the location to meet in Greensboro.

Please contact Ken Shahbaz, Advisor Indian Affairs, if you have any questions. If you can help with transportation to Statesville, please contact Ken Shahbaz to help make arrangements, daytime phone number 574-1438 or kshahbaz@sscocpa.com. Visit website at www.indianseminar.com for more information on the program.

To be able to attend, we MUST have your registration form by January 8th, the Host Lodge has a registration deadline. The host lodge is limiting attendance to 400 participants. So, if you want to come, fill out the form below and mail it, with \$36 check payable to Old North State, to the following address:

**Old North State Council
P.O. Box 29046
Greensboro, NC 27439-9046**

2010 CAROLINA'S INDIAN SEMINAR REGISTRATION FORM

Name: _____

Address: _____

City/State/Zip: _____

Chapter: _____ Phone # _____ E-mail: _____

Please bring standard medical form.

REQUIRED PARENTAL PERMISSION FORM

I hereby authorized my above named Scout to attend and give my full permission for his participation in this Order of the Arrow/Boy Scout of America program. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

Print parents name: _____ Phone: _____

Date: _____

Parent's Signature

Scout's Signature