

Spirit of the Buffalo



Ma-Nu Lodge 133

Last Frontier Council 480

Spring 2003

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for Spring Ordeal

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Events Highlight New Lodge Year

2003 was barely off and running when the first Ma-Nu Lodge event of the year was held. The annual Lodge Leadership Development Conference was held Saturday, January 4th at MacFarlin United Methodist Church in Norman. Arrowmen enjoyed a full day of workshops and training sessions in preparation for the program year and in development in the life of Ma-Nu Lodge.

Following the conference Arrowmen gathered at the annual Ma-Nu Lodge Banquet for fellowship and recognition of new Vigil Honorees, Lodge and Chapter Leadership, and distinguished Arrowmen. The new officers for Ma-Nu Lodge were also introduced. The new officers are:

Lodge Chief: Kieth Hurdlebrink II

Lodge Vice-Chief of Chapter Operations: Matt McCoy

Lodge Secretary: Phill Melton

Lodge Treasurer: Kenny Collier

(The position of Lodge Vice-Chief of Committees is still vacant).

Several events in the life of the Lodge are upcoming. Please see inside this issue of the *Spirit* for registration forms for the Spring Ordeal April 4-6 at Slippery Falls, and OA Trail Crew at the Council Camps May 25-31. Section SR3A Conclave registration will be mailed under separate cover, but you can find information about this event on page 2.

Order your 65th Anniversary Lodge Patches today! Use the convenient 2003 Lodge Trading Post Order Form found in this issue of the *Spirit*!



Spirit of the Buffalo is the official publication of Ma-Nu Lodge 133, Order of the Arrow, Last Frontier Council, BSA.

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sr3a Conclave

This year Section Conclave will be held at Northwest Texas Council's, Camp Perkins located near Burkburnett, Texas. Each year Conclave offers tons of program and activities. This years events are looking better than ever.

American Indian Events is always a big hit at Conclave. This year there will be Native American training classes and dancing competitions. There will also be a huge Pow Wow that you won't want to miss.

If you enjoy the Order of the Arrow Ceremonies be sure to stop by the Ceremonies site where the Section's best teams will be competing all day.

At Conclave your lodge can show its stuff at the Competitions site where lodges will be competing in areas such as Newsletters, Unit Elections, and Camping Promotions and more.

Training classes at Conclave will provide training on all levels. There will be training in troop, chapter and lodge management in addition to adult advisor training. TOAD (Total Outdoor Arrowmen Development) will be back this year. This program blends leadership and Scout ingenuity into an exciting program.

Workshops are always tons of fun. This years workshops include: flute making, black powder, blow darts, printing press, woodcarving, flint napping, and beading.

In the Quest games lodges compete for the Golden Arrow. This years games will include: OA Jeopardy, 3-on-3 basketball, root beer chug, obstacle course, volleyball, and stick ball. Come support your lodge in the Quest for the Golden Arrow.

This years theme is "Honored Past - Proud Future." The theme show is the inspirational backbone of Conclave, and this year the show will inspire us from a historical perspective and should be be one of the best ever.

CONCLAVE SPECIFICS

- Conclave Registration will begin at 4PM on Friday, May 2, 2003.
- Lodging is not provided. Campsites will be assigned, but **you must provide your own tent and bedding.**
- Meals include: Saturday breakfast, lunch, dinner and Sunday breakfast, along with a crackerbarrel each evening.
- Conclave will end at 10:30AM on Sunday, May 4, 2003.
- Don't forget to check out all of the cool patches and collectibles in the trading post.
- We have a goal of 600 arrowmen to conclave. That means we need YOU to come, have the time of your life and bring your friends.

For any questions visit www.sr3a.org for full details.

Ma~Nu Lodge 133

2003 Spring Ordeal

Activity Registration Form



April 4-6, 2003

Slippery Falls Scout Ranch

Check-in Time: 6:30 pm

Order of the Arrow
OA Spring Ordeal Registration

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ EMAIL: _____

UNIT: _____ DISTRICT: _____

CHAPTER: _____ AGE: YOUTH ADULT (21+)

OA HONOR: ORDEAL BROTHERHOOD VIGIL

I plan to seal my membership as a Brotherhood member
Brotherhood Sash: \$13.00 extra
(Available at event Trading Post)

OA SPRING ORDEAL

CANDIDATE FEE: \$30.00

MEMBER FEE: \$10.00

ELONGAMAT FEE: \$No Charge

(Fee due no later than March 28, 2003)

PHONE RESERVATIONS ACCEPTED

Please Call: Last Frontier Council Customer Service 840-1114

NOTE: **Preregistration Ends** on Friday, March 28, 2003

\$10.00 Late Fee Required after Deadline and at Check-in

Make Check Payable to:

Boy Scouts of America

Return Form and Check to:

Last Frontier Council
3031 NW 64th Street
Oklahoma City, OK 73116

Personal Health and Safety Information

Name: _____ Date of Birth: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____

HEALTH AND SAFETY CONSIDERATIONS – CHECK ALL THAT APPLY. GIVE COMPLETE DETAILS BELOW. PLEASE USE BACK OF PAGE IF NECESSARY.

<input type="checkbox"/> Asthmatic Problems	<input type="checkbox"/> Diabetes/Hypoglycemia	<input type="checkbox"/> Acute Pain Management	<input type="checkbox"/> Climbing Restrictions	<input type="checkbox"/> Recent Injury
<input type="checkbox"/> Allergies (Anaphylaxis)	<input type="checkbox"/> Fracture (immobilized)	<input type="checkbox"/> Syncope/Seizure Disorder	<input type="checkbox"/> Dietary Restrictions	<input type="checkbox"/> Recent Illness
<input type="checkbox"/> Allergies (Moderate)	<input type="checkbox"/> Headaches (Severe)	<input type="checkbox"/> Specific Drug Allergies	<input type="checkbox"/> Sports Activity Restrictions	<input type="checkbox"/> Recent Surgery
<input type="checkbox"/> Altitude Problems/AMS	<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Prescription Medication(s)	<input type="checkbox"/> Water Activity Restrictions	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cardiovascular Problems	<input type="checkbox"/> Open Wound Injury	<input type="checkbox"/> Backpacking/Hiking Restrictions	<input type="checkbox"/> Work Activity Restrictions	<input type="checkbox"/> Other: _____

1. List specific conditions, details and restrictions: _____

2. Prescription medication(s), diet and instructions: _____

3. Allergies to medicine, food, plant or animal toxins and severity of reaction: _____

4. Past illness or injury Requiring Treatment or Surgery: _____

5. Recent mild illnesses and injuries within the last month and any medications taken: _____

MEDICAL INSURANCE INFORMATION

Insurance: _____ Policy #: _____ Phone #: _____
Insurance Co. Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACTS

Emergency Contact #1: _____ Phone: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Emergency Contact #2: _____ Phone: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Physician: _____ Phone #: _____ Dentist: _____ Phone #: _____

Emergency Consent To Treat Minor

In the event of an emergency, I/we understand that every effort will be made to contact me/us regarding the situation. In the event that I/we cannot be reached, I/we the undersigned parent(s) or guardian(s) of _____, a minor, hereby give permission to the physician and/or dentist selected by the adult leader in charge, in whose custody said minor has been placed for the purposes of a Boy Scouts of America function, to secure proper diagnosis and treatment; including diagnostic, medical, dental, or surgical procedures; and for the securing of such comprehensive prehospital or hospital care, radiological, anesthesia, prescriptions or injections of medication; for my/our son, as may be deemed advisable by, and rendered under the general or special supervision of the treating physician and/or dentist, whether such diagnosis or treatment is rendered at the office of said physician and/or dentist, at said hospital or medical facility, or elsewhere as the circumstances may require.

It is understood by me/us that this consent is being given in advance of any specified diagnosis and/or treatment; medical or otherwise; and is being given to provide consent in the event that I/we cannot be reached in an emergency, to any and all such diagnostic, medical, dental or surgical procedures, which the treating physician and/or dentist, in the exercise of his best judgment, may deem advisable for said minor.

It is further understood by me/us that, by the standards of implied consent involving a minor in an emergency situation; medical personnel are required to administer appropriate emergency care for the treatment of said minor, and are hereby requested to do so, with or without specific parental consent.

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

2003 Spring Ordeal TP Pre-Order Form

Sold To: (please print or type)

Name

Address

City State Zip


Home Phone

E-mail Address

Chapter:

Baden Powell Black Beaver Big Teepee Canadian Valley Chisholm Trails
Eagle Kicking Bird Sooner Western Plains Will Rogers Other _____

Take this opportunity to preorder from the trading post and include your order with your registration. Come by the trading post and pick up your order during the event. If you cannot make it to the event, include shipping we can ship your order to you after the event.

Description	Quantity	Each Price	Total
OA Sash (Ordeal Long)		13.00	
OA Sash (Ordeal Reg)		13.00	
OA Sash (Brotherhood Long)		13.00	
OA Sash (Brotherhood Reg)		13.00	
OA Sash (Vigil Long)		13.00	
OA Sash (Vigil Reg)		13.00	
65th Anniversary Lodge Flap 		5.00	
65th Anniversary Green Arrowhead Patch 		3.50	
65th Anniversary Large Lodge Back Flap 		8.00	
65th Anniversary 4 Patch Set 		30.00	
Set includes 3 65th Anniversary items, plus a special Mylar Flap only in Sets			
Lodge Flap Hat Pin		3.00	
Lodge Buffalo Pin		3.50	
Lodge Buffalo Bolo		7.00	

* Brotherhood Candidates Pre-order/Pre-pay for your Brotherhood Sash

** Deadline for Pre-Order is March 31st 2003

***Shipping and Handling are for those not attending the Ordeal and need their order shipped!

Subtotal

***Shipping and Handling \$5.00

Total

--

**Make Check Payable to:
Boy Scouts of America**

**Return Form
and/or Check to:
BSA/Lodge MaNu 133
3031 NW 64th
Oklahoma City, OK 73116**

Questions, call Michael

at (405) 793-2109.

Spring Ordeal April 4-6, 2003!!

For any questions, please contact
Kenny Collier Lodge Tres.
kennycollier05@hotmail.com
Michael Stearman
Trading Post Adviser
michaelstearman@aol.com

Ma-Nu Lodge 133
3031 NW 64th St
Oklahoma City, Okla 73116



Commemorative Green Monster
\$3.50



2003 65th Anniversary Lodge Flap
\$5.00



Lodge Back Flap
7 1/2" x 5"
Great Value at \$8.00

Ma~Nu Lodge 133

2003 OA Trail Crew

Activity Registration Form



Order of the Arrow
OA Trail Crew Registration

May 25-31, 2003

Slippery Falls Scout Ranch
 Camp George Thomas
 Camp Kickapoo
(Please select one)

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ EMAIL: _____

UNIT: _____ DISTRICT: _____

CHAPTER: _____ AGE: YOUTH ADULT (21+)

OA HONOR: ORDEAL BROTHERHOOD VIGIL

I plan to seal my membership as a Brotherhood member
 Brotherhood Sash: \$13.00 extra
(Available at event Trading Post)

OA TRAIL CREW

MEMBER FEE: \$30.00

(Fee due no later than May 19, 2003)

PHONE RESERVATIONS ACCEPTED
 Please Call: Last Frontier Council Customer Service 840-1114

NOTE: **Preregistration Ends** on Monday, May 19, 2003

\$10.00 Late Fee Required after Deadline and at Check-in

Make Check Payable to: Boy Scouts of America

Return Form and Check to: Last Frontier Council
 3031 NW 64th Street
 Oklahoma City, OK 73116

Personal Health and Safety Information

Name: _____ Date of Birth: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

HEALTH AND SAFETY CONSIDERATIONS – CHECK ALL THAT APPLY. GIVE COMPLETE DETAILS BELOW. PLEASE USE BACK OF PAGE IF NECESSARY.

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Asthmatic Problems | <input type="checkbox"/> Diabetes/Hypoglycemia | <input type="checkbox"/> Acute Pain Management | <input type="checkbox"/> Climbing Restrictions | <input type="checkbox"/> Recent Injury |
| <input type="checkbox"/> Allergies (Anaphylaxis) | <input type="checkbox"/> Fracture (immobilized) | <input type="checkbox"/> Syncope/Seizure Disorder | <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Recent Illness |
| <input type="checkbox"/> Allergies (Moderate) | <input type="checkbox"/> Headaches (Severe) | <input type="checkbox"/> Specific Drug Allergies | <input type="checkbox"/> Sports Activity Restrictions | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Altitude Problems/AMS | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Prescription Medication(s) | <input type="checkbox"/> Water Activity Restrictions | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cardiovascular Problems | <input type="checkbox"/> Open Wound Injury | <input type="checkbox"/> Backpacking/Hiking Restrictions | <input type="checkbox"/> Work Activity Restrictions | <input type="checkbox"/> Other: _____ |

1. List specific conditions, details and restrictions: _____

2. Prescription medication(s), diet and instructions: _____

3. Allergies to medicine, food, plant or animal toxins and severity of reaction: _____

4. Past illness or injury Requiring Treatment or Surgery: _____

5. Recent mild illnesses and injuries within the last month and any medications taken: _____

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Emergency Contact #2: _____ Phone: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Physician: _____ Phone #: _____ Dentist: _____ Phone #: _____

Emergency Consent To Treat Minor

In the event of an emergency, I/we understand that every effort will be made to contact me/us regarding the situation. In the event that I/we cannot be reached, I/we the undersigned parent(s) or guardian(s) of _____, a minor, hereby give permission to the physician and/or dentist selected by the adult leader in charge, in whose custody said minor has been placed for the purposes of a Boy Scouts of America function, to secure proper diagnosis and treatment; including diagnostic, medical, dental, or surgical procedures; and for the securing of such comprehensive prehospital or hospital care, radiological, anesthesia, prescriptions or injections of medication; for my/our son, as may be deemed advisable by, and rendered under the general or special supervision of the treating physician and/or dentist, whether such diagnosis or treatment is rendered at the office of said physician and/or dentist, at said hospital or medical facility, or elsewhere as the circumstances may require.

It is understood by me/us that this consent is being given in advance of any specified diagnosis and/or treatment; medical or otherwise; and is being given to provide consent in the event that I/we cannot be reached in an emergency, to any and all such diagnostic, medical, dental or surgical procedures, which the treating physician and/or dentist, in the exercise of his best judgment, may deem advisable for said minor.

It is further understood by me/us that, by the standards of implied consent involving a minor in an emergency situation; medical personnel are required to administer appropriate emergency care for the treatment of said minor, and are hereby requested to do so, with or without specific parental consent.

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

2003 Lodge Trading Post Order Form

Sold To: (please print or type)

Name

Address

City State Zip





Home Phone

E-mail Address

Chapter:

Baden Powell Black Beaver Big Teepee Canadian Valley Chisholm Trails
Eagle Kicking Bird Sooner Western Plains Will Rogers Other _____

Take this opportunity to preorder from the trading post. Come by the trading post and pick up your order during an event. If you cannot make it to the event, include shipping we can ship your order to you after the event.

Description	Quantity	Each Price	Total
OA Sash (Ordeal Long)		13.00	
OA Sash (Ordeal Reg)		13.00	
OA Sash (Brotherhood Long)		13.00	
OA Sash (Brotherhood Reg)		13.00	
OA Sash (Vigil Long)		13.00	
OA Sash (Vigil Reg)		13.00	
65th Anniversary Lodge Flap 		5.00	
65th Anniversary Green Arrowhead Patch 		3.50	
65th Anniversary Large Lodge Back Flap 		8.00	
65th Anniversary 4 Patch Set ** 		30.00	
Lodge Flap Hat Pin		3.00	
Lodge Buffalo Pin		3.50	
Lodge Buffalo Bolo		7.00	

*Shipping and Handling are for those not attending an event and need their order shipped!

**Set includes 65th Anniversary Flap, Green Arrowhead Patch, Lodge Back Flap and the 65th Anniversary Mylar available in sets only

Subtotal

*Shipping and Handling \$5.00

Total

--

**Make Check Payable to:
Boy Scouts of America**

**Return Form
and/or Check to:
BSA/Lodge MaNu 133
3031 NW 64th
Oklahoma City, OK 73116**

Questions, call Michael

at (405) 793-2109.

For any questions, please contact
Kenny Collier Lodge Tres.
kennycollier05@hotmail.com
Michael Stearman
Trading Post Adviser
michaelstearman@aol.com

SR3A '03 Conclave TP Pre-Order Form

Sold To: (please print or type)

Name

Address

City State Zip

Home Phone

E-mail Address

Pay by Check or Credit Card:

Check # _____

Credit Card:
Name on Card _____

Card Number _____






Type of Card: Visa MasterCard

Signature _____

Expiration _____

I understand that my credit card will
be ran through David's Pharmacy of
Wynnewood, Oklahoma

Lodge: 14 35 133 138 190 288 486 Other _____

Description	Quantity	Each Price	Total
03 Conclave Patch (Event) 		5.00	
03 Conclave Patch (Staff)		5.00	
03 Conclave Patch (Host)		5.00	
**03 Conclave Patch Set (SET OF 5 PATCHES) 		30.00	
New Back Patch		8.00	
Set has Event, Early Bird (White on Black Sash), Staff, Host, Gold Mylar			
The only way to get the Gold patch is in a set. Limited to 150 sets			
03 Event Hat Pin 		3.00	
Section Roach Indian (Ordeal) 4th in Set 		5.00	
Section Roach Indian (Brotherhood) 4th in Set		5.00	
Section Roach Indian (Vigil) 4th in Set		5.00	
Section Roach Indian (w/Gold White on Black Sash) 4 patch Set		20.00	
Section Roach Indian Chenille 4th in Set		40.00	
03 Conclave Chenille 		40.00	
Pay for Registration		25.00	

* Preorder Only
 ** 5 patches include: Event, Early Bird, Staff, Host and Gold Mylar. Only 150 Sets.
 *** Shipping and Handling are for those not attending Conclave and need order shipped!

Subtotal _____

*Shipping and Handling \$5.00

Total

Conclave May 2-4, 2003!!
Must receive by April 28th

**Make Check Payable to:
 Boy Scouts of America**

**Return Form
 and/or Check to:
 SECTION SR3A
 P.O. BOX 7356
 MOORE, OK 73153-7356**
 Questions, call Michael
 at (405) 793-2109.

For any questions, please contact Michael Stearman
 Trading Post CVC Adviser
 michaelstearman@aol.com

**Credit card orders can be
 Faxed to 405-794-4325**

Section SR3A
 Po Box O Box 7356
 Moore, Okla 73153-7356



Seven Lodge Back Patch
 New for 2002/2003



Indian Roach Headset
 (Forth Patch in Character Set)



03 Conclave Patch
 (Five Different Versions)
 Event, Early Bird Version,
 Host, Staff and Gold



03 Conclave Registration Patch
 (Available for the first 300
 Pre-Registrations ONLY or in sets.
 Register by April 8th.)



www.manu133.org

Non-Profit
Organization
U.S. Postage
PAID
Oklahoma City, OK
Permit No. 20

2003 Lodge Calendar



April 4-6, 2003 Spring Ordeal, Slippery Falls

May 2-4, 2003 OA Section Conclave, Camp Perkins

May 16-18, 2003 Service Day to Camps

May 25-31, 2003 OA Trail Crew - SFSR, CGT, Kickapoo

Aug. 17, 2003 LEC, Gaylord Scout Center, OKC

Sept. 12-14, 2003 Fall Ordeal, George Thomas

Oct. 3-5, 2003 Fall Fellowship, Slippery Falls

Nov. 1-2, 2003 Vigil Weekend, Camp George Thomas