Achewon Nimat Lodge
Order of the Arrow
San Francisco Bay Area Council, BSA
www.achewonnimat.org

June 2018 Ordeal Reservation Form - Members

This reservation form is NOT valid for Ordeal Candidates
Package Plan members are already registered for this event

When:	June 1 - 3, 2018
Where:	Camp Royaneh
Check In:	Friday, 6/1, 8:00 PM to 10 PM
Cost:	$ 15.00 per member
Late Fee:	Additional $ 5.00 per person for reservation received after 5:00 PM on May 23, 2018

Important Reminder

All OA members participating in an Ordeal held at a Council camp must have on file with the lodge or submitted with their reservation an Annual BSA Health and Medical Record (parts A and B). The Informed Consent and Hold Harmless/Release Agreement must be signed and dated. These forms are valid for one (1) year from the date of the signature. There are NO exceptions for events held at a Council camps!

A complete uniform is to be worn at check-in and from 5:00 PM Saturday through the end of the event.
Inside sleeping accommodations are limited to the cook team and adults with medical conditions.
Contact your unit leader or village adviser, if you need transportation.

>> Required for all Member 18 or older on 06/03/2018 - Insert YPT Date Below <<

Youth Protection date must be within last 2 years. If date is within last 60 day bring a copy of certificate with you.

(Please print)

Member's Name: _____ YPT Date: _____ Cell Phone: (____) _____

Email Address: _____ Unit: _____

Fee for Member					@ $15.00	
Fee for 2nd Member	Name		YPT Date:		@ $15.00	
Fee for 3rd Member	Name		YPT Date:		@ $15.00	
Fee for 4th Member	Name		YPT Date:		@ $15.00	
Late Registration Fee(s)		Number of late registration fees:			@ $5.00	
Brotherhood Fee(s)		Number of members going for Brotherhood:			@ $.00	Free/No Charge

Make checks payable to: BSA

Total Amount Enclosed _____
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Send Forms & Fees to:
Order of the Arrow
SF Bay Area Council, BSA
1001 Davis St
San Leandro, CA 94577-1514

Office Use Only
Rec. #: _____ Date: _____
Amount: _____ Account: 1-2371-034-00

Don't Forget to Attach Your BSA Health and Medical Forms

6/2017

Complete this information if paying by credit card

Name of Cardholder: _____ Signature: _____

Billing Address of Cardholder: _____

Card Type: ☐ American Express or ☐ Discover or ☐ MasterCard or ☐ VISA

Card #: _____ Exp. Date: _____