



**Achewon Nimat Lodge**  
**Order of the Arrow**  
 San Francisco Bay Area Council, BSA  
[www.achewonnimat.org](http://www.achewonnimat.org)



**October 2018 Ordeal Candidate Reservation Form**

Reminder - Your ordeal must be completed within 12 months of your election

When: October 12 - 14, 2018  
 Where: Rancho Los Mochos  
 Check In: Friday, 10/12, 8 PM to 10 PM  
 Departure: Sunday, 10/14, 10:00 AM  
 Cost: \$65.00

**Information Regarding BSA Health and Medical Records**

All candidates 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! Medical forms will be retained for future OA events unless you check here [ ].

Remember to bring a copy of your current Boy Scout ID card. We will need to see it when you check-in at the Ordeal.

Your \$65 Ordeal Candidate fee pays for; 4 Meals, Ordeal Sash, OA Handbook, Lodge Dues for 2018-2019, and an Achewon Nimat Lodge Flap.

Refer to the Candidate information you received for other items you need to bring to your Ordeal. A copy of this information can be found on the Lodge website at [www.achewonnimat.org](http://www.achewonnimat.org)

Reservations must be received in the Council Office by 5:00 PM on Wednesday, Oct. 3, 2018 for this Ordeal.

*(Please print or type)*

Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

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

Unit: \_\_\_\_\_ District: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Rank: \_\_\_\_\_

BSA ID# (7 or 9 digit #, lower center on your BSA ID card): \_\_\_\_\_

Nickname: \_\_\_\_\_ Election Date: \_\_\_\_\_ Call Out Date: \_\_\_\_\_

Candidate's Email Address: \_\_\_\_\_  
(If under the age of 13 leave blank or a signature of Parent/Guardian must follow the email address)

Parent's/Guardian's Email Address: \_\_\_\_\_  
(Recommended for candidates under age 18 - Required for candidates under age 13)

**>> Required for all Candidates 18 or older on 10/14/2018 - Date of Youth Protection Training: \_\_\_\_\_ <<**

Youth Protection date must be after Feb. 4, 2018. If date within last 60 day bring a copy of certificate with you. mm/dd/yyyy

If an Adult - Vocation & Special Interests: \_\_\_\_\_

**Candidate Oct. 2018 Ordeal is \$65.00** Make checks payable to: BSA **Amount Enclosed:** \_\_\_\_\_

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**

07/2018

**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: \_\_\_\_\_