



Achewon Nimat Lodge

Order of the Arrow

San Francisco Bay Area Council, BSA

www.achewonnimat.org



October 2018 Ordeal Reservation Form - Members

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

When: October 12 - 14, 2018
Where: Rancho Los Mochos
Check In: Friday, 10/12, 8:00 PM to 10 PM
Cost: \$ 18.00 per member
Late Fee: Additional \$ 5.00 per person
for reservation received after
5:00 PM on October 3, 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 10/14/2018 - Insert YPT Date Below <<

Youth Protection date must be after Feb. 4, 2018. 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 @ \$18.00 _____

Fee for 2nd Member Name _____ YPT Date: _____ @ \$18.00 _____

Fee for 3rd Member Name _____ YPT Date: _____ @ \$18.00 _____

Fee for 4th Member Name _____ YPT Date: _____ @ \$18.00 _____

Late Registration Fee(s) Number of late registration fees: _____ @ \$5.00 _____

Brotherhood Fee(s) Number of members going for Brotherhood: _____ @ \$0.00 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

7/2018

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: _____