



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



2018-2019 Package Plan Registration

Your OA dues are paid for the lodge year 2018-2019. To participate in the Lodge Activities for 2018-2019 you must either register for each of the events or you can pay for a Package Plan which will automatically register you for all of the Lodge events.

Important Reminders for 2018-2019

All OA members participating in a Lodge Event held at a Council camp must have on file with the lodge or submitted with their reservation a BSA Medical Record (parts A and B). The Part A, Informed Consent, Release Agreement, and Authorization must be signed and dated. These forms are valid for one (1) year from the date of signing. **Only Youth Protection Training Completed after Feb. 4, 2018 is valid after Sept. 30, 2018.**

Package Plan Information

The 2018-2019 package plan includes; the Ordeal on October 12-14, 2018 at Los Mochos, the Lodge Banquet on December 8, 2018 at the YLTC in San Leandro, Achieifest on March 15-17, 2019 at Camp Royaneh, the Ordeal on May 31-June 2, 2019 at Camp Royaneh. All of these events for only \$60.00, a \$12.00 savings and no late fees. There are no refunds.

Please complete the information below and the reverse side. Submit a separate form for each member

(Please print)

Member's Name: _____ Phone: (____) _____
 Nickname (if any) _____ Registered Unit: _____
 Mailing Address _____
 City _____ Zip Code: _____

Required for Member's Over the Age of 18 - Date of Youth Protection Training: _____
 Youth Protection date must be after Feb. 4, 2018 and your certificate must be attached. mm//dd//yyyy

Member'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 members under age 18 - Required for members under age 13)

Package Plan Registration: (a savings of \$12.00 over the individual event registrations) @ \$60.00 _____

Make checks payable to: BSA

Total Amount Enclosed _____
 2018-2019 OA Package Plan

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: _____	Acct.: 1-2371-034-00

Don't Forget to Attach Your BSA 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: _____