



ACHEWON NIMAT LODGE
ORDER OF THE ARROW

Winter Camp Awareness

January 20, 2018 aboard the U.S.S. Hornet

Come join us on January 20th at the historic U.S.S. Hornet for Achewon Nimat's annual Winter Camp Awareness training! Prepare your troop with the knowledge needed for a safe and fun snow camping trip and for the Klondike Derby. Training sessions include **Sleeping Warm, Stoves and Fuel, First Aid, Tents and Terrain, Winter Foods,** and Winter Clothing.

The U.S.S. Hornet served in WWII, the Korean conflict, the Vietnam War, and in the Apollo space program. For more information, visit: uss-hornet.org

Registration

Pricing starts at **\$12.50 for scouts and \$15.00 for adults**, which includes courses and museum admission. You may pre-purchase lunch for \$6.00 per person, or bring your own. **Please note that we are unable to accommodate any dietary restrictions such as vegetarian, vegan, kosher, halal, or gluten free.** Lunch is 2 beef hot dogs/buns, fruit, cookie/granola bar, and water. All registrations received on or after January 13th will be subject to an additional \$2.50 late fee. Council refund policy applies.

Location

The U.S.S. Hornet is located at **707 W Hornet Ave, Alameda CA 94501**. After the course, attendees are welcome to visit the ship's museum for no additional charge.

Additional Information

Check-in is from 8:00 to 9:00. The course will begin promptly at 9:00, ending around 2:45. **Backpacks are not permitted** on the U.S.S. Hornet, so if you bring one you will be asked to leave it in your vehicle.

Name: _____ Council: _____ District: _____ Unit: _____
Phone: _____ Email: _____

Fee for Participants:	# of Scouts _____	@ \$12.50/Scout _____
	# of Adults _____	@ \$15.00/Adult _____
	# of Lunches _____	@ \$6.00/Lunch _____
	Late fee <i>if received on or after Jan. 13</i> _____	@ \$2.50/Person _____

Make Checks Payable to: BSA

Send Forms & Fees to:

Order of the Arrow
SF Bay Area Council
1001 Davis Street
San Leandro, CA 94577-1514

Total Amount Enclosed: _____

Office Use Only	
Rec #: _____	Date: _____
Amount: _____	Acct.: I-2371-034-00

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: _____