



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



June 2019 Ordeal Reservation Form - Members

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

When: May 31 - June 2, 2019
 Where: Camp Royaneh
 Check In: Friday, 5/31, 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 May 22, 2019

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 06/02/2019 - 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	<u>Free/No Charge</u>

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: _____