



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



**June 2020 OA Induction Weekend Reservation Form - Members**

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

When: June 5 - 7, 2020  
 Where: Camp Royaneh  
 Check In: Friday, 6/5, 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 27, 2020

**Important Reminder**

All OA members participating in an OA Induction weekend 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 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 06/05/2020 - Insert YPT Date Below <<**

Youth Protection date must be after June 8, 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: \_\_\_\_\_ BSA ID #: \_\_\_\_\_ 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**

June 2020 Induction - Members

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**

10/2019

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