



# Cahuilla Lodge Ordeals

Spring Ordeal: **May 16th, 17th & 18th** at **Camp Emerson**  
 Summer Ordeal: **June 6th, 7th, & 8th** at **Camp Helendade**  
 New Ordeal: **August 22th, 23th, & 24th** at **Camp Emerson**  
 Fall Ordeal: **September 19th, 20th, & 21th** at **Camp Helendade**

Cahuilla Lodge will be inducting new members and growing our organization in 2003. The success of any Ordeal lies in the dedication of our members. Come join us!

**Brotherhood Candidates (\$20):** If you have been an Arrowman for at least 10 months, then you need to return to the Ordeal and seal your ties of Brotherhood. Brotherhood Conversion is the second step in becoming a full member of the Order of the Arrow (plus you get a brand new sash!). The fee for Brotherhood Candidates is \$20.00.

**Elangomats (FREE!):** As always Elangomats attending the Ordeals are FREE. Take part in an experience to deepen your understanding of the Admonition.

**Ceremony Team (\$9 YOUTH):** The price for team members is \$7.00, and the team **MUST** register as a group and be approved by the Chapter Chief and/or Adviser. Ceremonyteams members **must** register as a team.

**General Membership (\$12):** We need as many Arrowmen as possible to help with the Ordeal Candidates and Ordeal Administration.



**IMPORTANT NOTE: All Youth Under 18 Years of Age Consent-To-Treat Form at Registration!**

**Must Present a**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Chapter: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Circle: Youth/Adult

I want to attend the Spring / Summer / Fall Ordeal(s) as a(n)

- Brotherhood Candidate @ \$20.00
- Elangomat @ FREE!
- Ceremony Team Member @ \$9.00 (YOUTH ONLY)
- General Member @ \$12.00
  - I will be eating Breakfast on Sunday
  - I am a **GOLDEN ARROW MEMBER** (What you checked is FREE!)

Ceremony Teams: Chapter Chief/Advisor Signature: \_\_\_\_\_

**For Council Use Only:**  
 Receipt # \_\_\_\_\_  
 Date Recorded: \_\_\_\_\_

**Mail to:**  
**OA Ordeals**  
**1230 Indiana Court**  
**Redlands, CA**  
**92374**

**Total Cost:\$ .00**

**MUST BE COMPLETED IF UNDER 18 YEARS OF AGE!!!**

Name of Minor \_\_\_\_\_ Date of Birth \_\_\_\_\_

I/We give permission for my/our son to attend the scheduled event to be held on its corresponding registered date. I/ We also authorized the California Inland Empire Council, Boy Scouts of America, or such substitute, as designated, as an agent for undersigned, to consent to an X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care for the above minor, which is deemed advisable by, and to be rendered under, the general or special supervision if any physician or surgeon, licensed under the Provision of Medicine Act, or any Dentist licensed under the Dental Practice Act, where such diagnosis or treatment is rendered at the office of said Physician or Dentist at a hospital, Scout Camp or elsewhere.

**PLEASE PRINT CLEARLY SO IT CAN BE READ**

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

We are covered by medical insurance ( ) YES ( ) NO

Insurance Company Name \_\_\_\_\_

Policy/Group # \_\_\_\_\_ Date \_\_\_\_\_

Alternate Person to Contact \_\_\_\_\_ Phone # \_\_\_\_\_

