

# Cahuilla Lodge Ordeals

Spring Ordeal: **May 14th 15th & 16th at Camp Emerson**

Summer Ordeal #1: **June 11th, 12th, & 13th at Camp Helendade**

Summer Ordeal #2: **August 20th, 21st, & 22nd at Camp Emerson**

Fall Ordeal: **September 17th, 18th, & 19th at Camp Helendade**

Cahuilla Lodge will be inducting new members and growing our organization in 2004.

The success of any Ordeal lies in the dedication of our members. Come join us!

Please fill out the information (print please) and bring this with you to the ordeal. When you arrive at the ordeal you will need to bring with you: a flashlight, warm clothes, a tent, a sleeping bag, rain gear, a water bottle and , your dress uniform, and work clothes!

Please Print! Please Fill Out All Sections!				
Last Name		First Name		Middle Initial
Address		City	State	Zip
Home Phone:		Business Phone:		
Date Of Birth:	<input type="checkbox"/> Youth <input type="checkbox"/> Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Unit Number:	Unit Type: <input type="checkbox"/> Troop <input type="checkbox"/> Varsity Team		<input type="checkbox"/> Explorer Post <input type="checkbox"/> Venture Crew <input type="checkbox"/> District / Council	
Chapter:				
District:				
Email Address:				

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 Detach and Mail  
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Name: \_\_\_\_\_

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

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

Circle: Youth/Adult

I want to attend the Spring / Summer 1 / Summer 2/ Fall Ordeal(s)  
 as an Ordeal Candidate

I will be eating Breakfast on Sunday

<b><i>For Council Use Only:</i></b> Receipt # _____ Date Recorded: _____
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<i>Mail to:</i> <b>OA Ordeals</b> <b>1230 Indiana Court</b> <b>Redlands, CA</b> <b>92374</b>
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Total Cost:     .00
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**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 # \_\_\_\_\_