



# Your Next Journey Is Here

## Join The Order



*Your Troop has selected you to start on a journey that will be with you for a lifetime. It's up to you to take the next step and join our Order.*

### Four Opportunities To Join The Honor Society Of The Boy Scouts Of America

**May 9 - 11** at Camp Emerson at Boseker Scout Reservation in Idyllwild

**June 6 - 8** at Camp Helendade in Running Springs

**August 22 - 24** at Camp Emerson At Boseker Scout Reservation in Idyllwild

**September 19 - 21** at Camp Helendade in Running Springs

*You must attend one of these events to become a member of the Order of the Arrow.*

Registration for the event normally runs between 5:30 PM and 8:30 PM on Friday evening. Please contact the Lodge Adviser at the phone number or email below to make special arrangements. Meals are not provided on Friday evening but are provided for the rest of the weekend. Please bring a **complete BSA Uniform**, as well as the **outdoor essentials from the Boy Scout Handbook** (most importantly, **sleeping bag, ground cloth, warm jacket, extra socks, and work gloves**). **The youth consent-to-treat form is required if your son is younger than 18!**

**Parents are welcome to join us Saturday evening for coffee and dinner at 7 PM.** We will be happy to answer any questions and offer any assistance on what we can do to get your support for our program. Feel free to sign up for the dinner for only \$5.00. Scouts can leave the event after their Saturday ceremony approximately 9 PM or on Sunday morning beginning at 8 AM.

If you have any questions about Order of the Arrow membership or these events, please do not hesitate to call Tracy Schultze, Lodge Adviser, at (909) 693-9404 or email him at [tmschultze@yahoo.com](mailto:tmschultze@yahoo.com).

Circle One: <b>Youth / Adult</b>	Please include fee of \$ 32.00 for the weekend	Please make checks payable to <i>Boy Scouts of America</i> .
Circle One: <b>May / June / Aug / Sep</b>	_____ Number of parents attending Saturday dinner (\$5.00 per family member)	Mail To: BSA – OA Ordeals P.O. Box 8910 Redlands, CA 92375-2110
Circle One: I will be leaving <b>Sat Eve / Sun Morn</b>	\$ _____ Total fees included	Acct # 2371-000-00

<b>Name: Last</b>	<b>First</b>	<b>M.I.</b>
<b>Address: Street</b>	<b>City</b>	<b>Zip</b>
<b>Phone (Home)</b>	<b>Email</b>	<b>Date of Birth (mm/dd/yr)</b>
		/   /

**ORDER OF THE ARROW PERMISSION SLIP**

*(This form must be turned in when registering at the event)*

**NO YOUTH WILL BE ALLOWED TO PARTICIPATE IN AN ORDER OF THE ARROW FUNCTION WITHOUT A SIGNED PERMISSION SLIP. Scouts who appear to be ill will not be permitted to attend.**

My son \_\_\_\_\_ has permission to attend the following Order of the Arrow function on \_\_\_\_\_ at \_\_\_\_\_.

**MEDICAL CONSENT TO TREAT**

I authorize the adult leaders of the Order of the Arrow to obtain **any emergency medical treatment or other assistance as needed** for my son in the event of injury or illness.

Phone number where Parent or Guardian can be reached:

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Physician \_\_\_\_\_

Alternate Person to contact in case of emergency, Name; \_\_\_\_\_ Phone; \_\_\_\_\_

Person designated to pick up Scout if returning home early; \_\_\_\_\_ Phone; \_\_\_\_\_

Medication, restrictions, or special instructions (If none, please write: "NONE"); \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have read, understood, and agree with this Medical Authorization:**

Print Name: (Parent / Guardian) \_\_\_\_\_ Signature \_\_\_\_\_