



Lodge Chief - Sean Sezey



Your Next Journey Is Here

Join the Order of the Arrow

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

Three Opportunities This Year To Join The Honor Society Of The Boy Scouts Of America	
June 19-21	Camp Wrightwood 1401 Linnett Rd, Wrightwood
August 21- 23 September 18-20	Camp Emerson 53155 Idyllbrook Dr, Idyllwild

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

Check in for the event normally runs between 7:00 PM and 8:30 PM on Friday evening. You must pre-register to attend. Registration closes the Wednesday before the event.
Please no walk-ins.

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.**)
You may bring a tent to use for the second night.

We will be happy to answer any questions and offer any assistance on what we can do to get your support for our program.

If you have any questions about the Order of the Arrow membership or these events, please do not hesitate to call the Lodge Adviser, Cynthia Blessum at (714) 612-1662 or email her at blessumcr@pacbell.net

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

<u>Circle One:</u> Youth / Adult <u>Circle One:</u> June / August / September	Cost of Ordeal is \$50 Please make checks payable to: <i>Boy Scouts of America</i>	Mail To: BSA – OA Ordeals P.O. Box 8910 Redlands, CA 92375-2110
		Acct # 2371-000-00



ORDER OF THE ARROW PERMISSION SLIP

*(This form **must be hand carried to camp** and 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 _____