



# 2015 Ordeal Flyer for Members

Cahuilla Lodge #127, Order of the Arrow, California Inland Empire Council, BSA

## Three Opportunities to Support our New Members and Brotherhood Members in the Order of the Arrow

June 19-21 Camp Wrightwood	Camp Wrightwood 1401 Linnett Rd. Wrightwood
August 21-23 Camp Emerson September 18-20 Camp Emerson	Camp Emerson 53155 Idyllbrook Dr. Idyllwild

Please come and support the Scouts and Scouters who are joining the Order this year.

### MEMBERS MUST PAY THEIR MEMBERSHIP DUES PRIOR TO ATTENDING THE WEEKEND

**YOUTH (Under 18 years old) MUST BRING THEIR COMPLETED PERMISSION SLIP WITH THEM TO CAMP DO NOT MAIL PERMISSION SLIP TO COUNCIL**

#### General members: \$15

As a general member you provide a valuable service by helping our staff complete service projects and provide a positive atmosphere for our candidates.

#### Brotherhood Candidates: \$35

A completed scorecard is due to the Lodge Secretary on day of the Ceremony. Brotherhood candidates should not sign up as an Elangomat, Ceremony Team Member or staff. Your sole purpose at the event will be to seal your ties of Brotherhood.

#### Elangomats: Free

You will be required to complete all the tests of the Ordeal with your candidates. If you are not sure if this is for you, please sign up as a General Member.

#### Ceremony Team Members: \$10

The 4 principle characters only per approved ceremony team are allowed the ceremony team discount. The 2<sup>nd</sup> Vice-Chief and his adviser approve all ceremony teams for the Ordeals.

Fees are due (7) seven days prior to the event. **Late registrations will incur a \$10 fee**, including Golden Arrow members. Members who have not paid their annual dues before the event will be expected to PAY DUES at the event.

Ordeal Weekend	I will be attending as (write only one) General Member, Brotherhood, Ceremony Team, Elangomat, Golden Arrow	Fee Due (\$)
Ordeal #1 – June		
Ordeal #2 – August		
Ordeal #3 – September		

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

Please make all checks payable to Boy Scouts of America and mail to BSA – OA Ordeals P.O. Box 8910 Redlands, CA 92375.

**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 \_\_\_\_\_