



Achewon Nimat Lodge
Order of the Arrow
 San Francisco Bay Area Council, BSA
www.achewonnimat.org

Spring 2009 ORDEAL RESERVATION FORM - MEMBERS

This reservation form is NOT valid for Ordeal candidates
 Package Plan members are already registered for this event

When: June 5 -7, 2009 Cost: \$ 12.50 per person
 Where: Wente Scout Reservation, Willits Late Fee: Additional \$5.00 per person
 Check In: 9:30 PM to 11:00 PM for reservations received after
 5:00 PM on May 29, 2009

All participants must have on file with the lodge or submitted with their reservation one of the following:

- 1 SFBAC Annual BSA Health and Medical Record (parts A, B, and C) Parts B & C must be signed and dated.
- 2 Personal Health and Medical Record - Class 1 and 2 plus a signed and dated Part C of the SFBAC Annual BSA Health and Medical Record.
- 3 Personal Health and Medical Record - Class 3 plus a signed and dated Part C of the SFBAC Annual BSA Health and Medical Record.

A complete uniform is to be worn at all times except Saturday while on work parties

Remember to bring your own cup. We do not provide cups for any meal.

Inside sleeping accommodations are only available for the cooks and adults with medical issues.

Contact your village adviser, if need transportation.

(Please print)

Member's Name: _____ Phone: (____) _____

Email: _____ Unit: _____

Fee for Member: @ \$12.50 _____

Fee for 2nd Member Name: _____ @ \$12.50 _____

Fee for 3rd Member Name: _____ @ \$12.50 _____

Fee for 4th Member Name: _____ @ \$12.50 _____

Late Registration Fee(s) Number of late registration fees: _____ @ \$ 5.00 _____

Brotherhood Fee(s) Number of members going for Brotherhood: _____ @ \$12.00 _____

Make checks payable to: BSA

Total Amount Enclosed _____

Send Form & Fees to: Order of the Arrow
 SF Bay Area Council, BSA
 1001 Davis St
 San Leandro, CA 94577-1514

Additional Information Call:
 Charles Hoffman, Lodge Adviser
 (510) 655-2529 (after 5 PM)
 No refunds after May 29, 2009

Complete this information if paying by credit card

Name of Cardholder: _____ Signature: _____

Card Type: VISA or MasterCard

Card #: _____ Exp. Date: _____

Office use only

Rec.#: _____ Amount: _____ Date: _____ By: _____ Account: #034

05/2009