



**Achewon Nimat Lodge
Order of the Arrow**

San Francisco Bay Area Council, BSA
www.achewonnimat.org

FALL 2009 ORDEAL RESERVATION FORM - MEMBERS

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

When: October 23 - 25, 2009 Cost: \$ 12.50 per person
Where: Camp Royaneh Late Fee: Additional \$5.00 per person
Check In: 8:30 PM to 10:00 PM for reservations received after 5:00 PM on October 16, 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.
OR
- 2 Personal Health and Medical Record - Class 1 and 2 plus a signed and a dated Part C of the SFBAC Annual BSA Health and Medical Record.
OR
- 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 Class-A uniform is to be worn at check-in and from Saturday dinner through the end of the event.

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 unit leader or village adviser, if you 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 October 16, 2009

Complete this information if paying by credit card

Name of Cardholder: _____ Signature: _____

Billing Address: _____ Zip: _____

Card Type: VISA or MasterCard

Card #: _____ Exp. Date: _____

Office use only

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