



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

2009 – 2010 ORDEAL CANDIDATE RESERVATION FORM

Check the date of the Ordeal you wish to attend

October 23-25, 2009	_____	Camp Royaneh
February 19-21, 2010	_____	Rancho Los Mochos
May 21-23, 2010	_____	Wente Scout Reservation

Reminder - Your ordeal must be completed within 12 months of your election

Complete the requested information below, provide a copy of the candidate's "SFBAC Annual BSA Health and Medical Record" (parts A, B, and C) and mail with a \$40.00 check payable to BSA or use the charge card authorization below. This fee is only good thru May 2010 Ordeal.

Remember to bring your current Boy Scout ID card or a copy with you to the Ordeal. We will need to see it when you check-in at the Ordeal.

Your \$40 Ordeal Candidate fee pays for; 4 Meals, Ordeal Sash, OA Ribbon Pin (dangle), OA Handbook, Lodge dues for 2009-2010, and an Achewon Nimat Lodge Flap.

Completed forms are due in the council office 1 week prior to the ordeal you plan on attending. **Ensure that the parts "B" & "C" of the "SFBAC Annual BSA Health and Medical Record" have been signed and dated.** Health and Medical forms will be retained for future OA events unless you check here [].

Achewon Nimat Lodge
 Order of the Arrow
 1001 Davis Street
 San Leandro, CA 94577-1514

(Please print or type)

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: ____ Zip: _____

Unit: _____ District: _____ Date of Birth: _____ Age: _____ Rank: _____

ScoutNet ID# (7 or 10 digit #, lower center on your BSA ID card): _____

Nickname: _____ Election Date: _____ Call Out Date: _____

Candidate's Email Address: _____
(If under the age of 13 leave blank or a signature of Parent/Guardian must follow the email address)

Parent's/Guardian's Email Address: _____
(Recommended for candidates under age 18 - Required for candidates under age 13)

If an Adult - Vocation & Special Interests: _____

Complete this information if paying by credit card	
Name of Cardholder: _____	Signature: _____
Billing Address: _____	Zip: _____
Card Type: <input type="checkbox"/> VISA or <input type="checkbox"/> MasterCard	
Card #: _____	Exp. Date: _____

Office use only

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