May 19 – 21 June 9 – 11 September 22-24 Camp Helendade, Running Springs Camp Emerson, Idyllwild Camp Helendade, Running Springs

Ordeal Candidates (Those who have not attended an Ordeal): Please arrive between 4pm and 8pm on Friday Night. Please have your 10 Scout essentials.

We need help in the way of Ceremony Teams, Elangomats, General Membership, and Brotherhood conversations

Elangomats: As always Elangomats attending the Ordeals are FREE. Take part in an experience to deepen your understanding of the Admonition.

Brotherhood Conversions: If you have been an Arrowman for at least 10 months, then you need to return to the Ordeal and seal your ties of Brotherhood. Brotherhood Conversion is the second step in becoming a full member of the Order of the Arrow (plus you get a brand new sash!). The fee for Brotherhood Candidates is \$20.00.

Ceremony Teams: Teams are needed for Pre-Ordeal, Ordeal, and Brotherhood Ceremonies. The price for team members is \$7.00, and the team MUST register as a group and be approved by the Chapter Chief and/or Adviser. Ceremony teams members must register as a team.

General Membership: We need as many Arrowmen as possible to help with the Ordeal Candidates and Ordeal Administration. General Membership is only \$12.00.

Visit www.snakepower.org for up date Ordeal information

Please direct any questions to: Vinney Williams, Lodge Chief, (760) 256-7917, vinney@snakepower.org, Peter Mandery, Sr. Lodge Adviser, (909) 677-2568, beaverpete@juno.com.

(KEEP THIS HALF OF THE FORM – BRING TO ORDEAL) (SEND THIS HALF OF THE FORM TO COUNCIL WITH CHECK OR MONEY)

Name	Chapter		Phone#	
() Yes, I will attend Ordeal Candidate @		E-Mail _		
() Yes, I will attend the Ordeal as an Elangomats @ FREE FREE FREE () Yes, I will attend the Ordeal for Brotherhood Conversation @ \$20.00		I am attending the following Ordeal: () May 19-21 () June 9-11	For office use only: Receipt# Date Received	
• •		() Sept. 22-24 Breakfast Sunday () Yes () No	Send to:	2000 OA Ordeal CIEC-BSA 1230 Indiana Court Redlands, CA 92374-2896
Team Member 1	Team Member 2	Feam Member 3	Team Member 4	Chapter Chief/Adviser

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MUST BE COMPLETED IF UNDER 18 YEARS OF AGE !!!

Name of Minor		D.O.B//
I/We give permission for my/our son to attend the soldate. I/We also authorize the California Inland Empired designated, as a agent for the undersigned, to consensurgical diagnosis or treatment, and hospital care for the rendered under, the general or special supervision if a Medicine Act, or any Dentist licensed under the Denta at the office of said Physician or Dentist at a hospital, ((((((((((((((((((((((((((((((((((((e Council, Boy Scouts of a t to an X-ray examination the above minor, which i any physician or surgeon, al Practice Act, where suc Scout Camp or Elsewhere	America, or such substitute, as n, anesthetic, medical, dental, or s deemed advisable by, and to be licensed under the Provision of h diagnosis or treatment is rendered e.
Parent/Guardian	Signature	
Address	City	Zip
Home Phone #	Work Phone#	
We are covered by medical insurance [] YES [] NO		
Insurance Company Name		
Policy/Group #	Date	
Alternate Person to Contact:	#	