

## Your Next Journey Is Here



## Join The Order

Your Troop has selected you to start on a journey that will be with you for a lifetime. It's up to you to take the next step and join our Order.

Four Opportunities To Join The Honor Society Of The Boy Scouts Of America			
May 18 – 20 at Camp Helendade in Running Springs	June 8 – 10 at Camp Emerson At Boseker Scout Reservation in Idyllwild		
August 17 – 19 at Camp Emerson At Boseker Scout Reservation in Idyllwild	September 7 – 9 at Camp Helendade in Running Springs		

You must attend one of these events to become a member of the Order of the Arrow. Registration for the event normally runs between 5:30 PM and 8:30 PM on Friday evening. Please contact the Lodge Adviser at the phone number or email below to make special arrangements. Meals are not provided on Friday evening but are provided for the rest of the weekend. Please bring a complete BSA Uniform, as well as the outdoor essentials from the Boy Scout Handbook (most importantly, sleeping bag, ground cloth, warm jacket, extra socks, and work gloves). The youth consent-to-treat form is required if your son is younger than 18!

Parents are welcome to join us Saturday evening for coffee and dinner at 7 PM. We will be happy to answer any questions and offer any assistance on what we can do to get your support for our program. Feel free to sign up for the dinner for only \$5.00. Scouts can leave the event after their Saturday ceremony approximately 9 PM or on Sunday morning beginning at 8 AM.

If you have any questions about Order of the Arrow membership or these events, please do not hesitate to call Scott "Mac" McLeod, Lodge Adviser, at (760) 964-3849 or email him at sr.mac@verizon.net.

Circle One: Youth / Adult	Please include fee of \$ 30.00 for the weekend	Please make checks payable to Boy Scouts of America.
Circle One: May / June / Aug / Sep  Circle One: I will be leaving Sat Eve / Sun Morn	Number of parents attending Saturday dinner (\$5.00 per family member)  \$ Total fees included	Mail To: BSA – OA Ordeals P.O. Box 8910 Redlands, CA 92375-2110

Name: Last	First	M.I.
Address: Street	City	Zip
Phone (Home)	Email	Date of Birth (mm/dd/yr)
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## ORDER OF THE ARROW PERMISSION SLIP

(This form must be 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 <b>any emergency medical treatment or other assistance as needed</b> for my son in the event of injury or illness.					
Phone number where Parent or Guardian ca	an be reached:				
Home Phone:Cell	Phone				
Insurance CoPo	licy #	Physician			
Alternate Person to contact in case of emerg	gency, Name;	Phone;			
Person designated to pick up Scout if return	ing home early;	Phone;			
Medication, restrictions, or special instructions (If none, please write: "NONE");					
h					
I have read, understood, and agree with this Medical Authorization:					
Print Name: (Parent / Guardian)	Signature				