



Fall Induction/Fellowship - October 20-21 Camp McConnell

Congratulations upon your election as a candidate for the Order of the Arrow. You may take great pride in being elected, but you are only a candidate for membership. A greater thrill awaits you when you become a member of the Order and receive your Order of the Arrow sash. This happens when you have completed the Order of the Arrow Ordeal successfully.

You should bring a pack with the items necessary to sleep out under the stars Friday night. You will need work clothes and gloves for Saturday and a full Scout uniform for flags and dinner. You may depart Saturday night after 8 p.m.. We assure you that this is a special occasion and you will undergo an uplifting experience and honor. The Ordeal registration fee is only \$55.00. This includes your meals, an Ordeal sash, Order of the Arrow Handbook, a Lodge pocket flap, the Universal Arrow ribbon and membership dues for 2023 and through 12/31/2024. (Thereafter dues are \$20.00 per year unless changed by the Lodge Executive Council.) Any questions, please contact: Chief@toloma.org

Ordeal Candidate Price \$55.00

This includes your meals for the weekend, (Note: It does not include Friday night Dinner), an Ordeal Member's Sash, an OA Handbook, a Lodge Pocket Flap & Universal Arrow Ribbon, and dues paid through the end of the current year and the following year.

Member Price \$20.00 Brotherhood Candidate \$39.00 Silver Lynx \$0.00
Brotherhood Sash Included!

LATE or ONSITE FEE (If not paid 5 days prior to event) \$5.00

Name _____ Date of Birth ___/___/___ Home Phone Number _____
Address _____ Cell Number _____
City _____ Zipcode _____ BSA Rank _____ Unit _____
District _____ Email _____
Food Allergies: _____

Minor Consent Form

Greater Yosemite Council, Boy Scouts of America, Authorization and Consent to Treat a Minor
Pursuant to California Civil Code Section 24.8 & Section 12552

Name of Minor _____ Date of Birth _____

The undersigned does authorize the Greater Yosemite Council or registered adult leader in charge, as agent for the undersigned to consent to x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and be rendered under the general or special supervision of any physician or surgeon, dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is tendered at the office of said physician or dentist, at a hospital, Boy Scout Camp, or elsewhere. This authorization will remain effective while minor is in route to or from, or involved or participating, in any Boy Scout Camp, Boy Scout program or activity, including CAMPING, HIKING & SWIMMING, of the Greater Yosemite Council, Boy Scouts of America or unless revoked in writing by the undersigned or delivered to the aforesaid agent.

Date _____ _____
PARENT OR GUARDIAN PRINT NAME PARENT OR GUARDIAN SIGNATURE

Primary Insurance Carrier: _____ Policy Number _____

In the event of an Emergency call: _____
NAME PHONE