



TOLOMA LODGE

Attention Ordeal Candidate!

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.

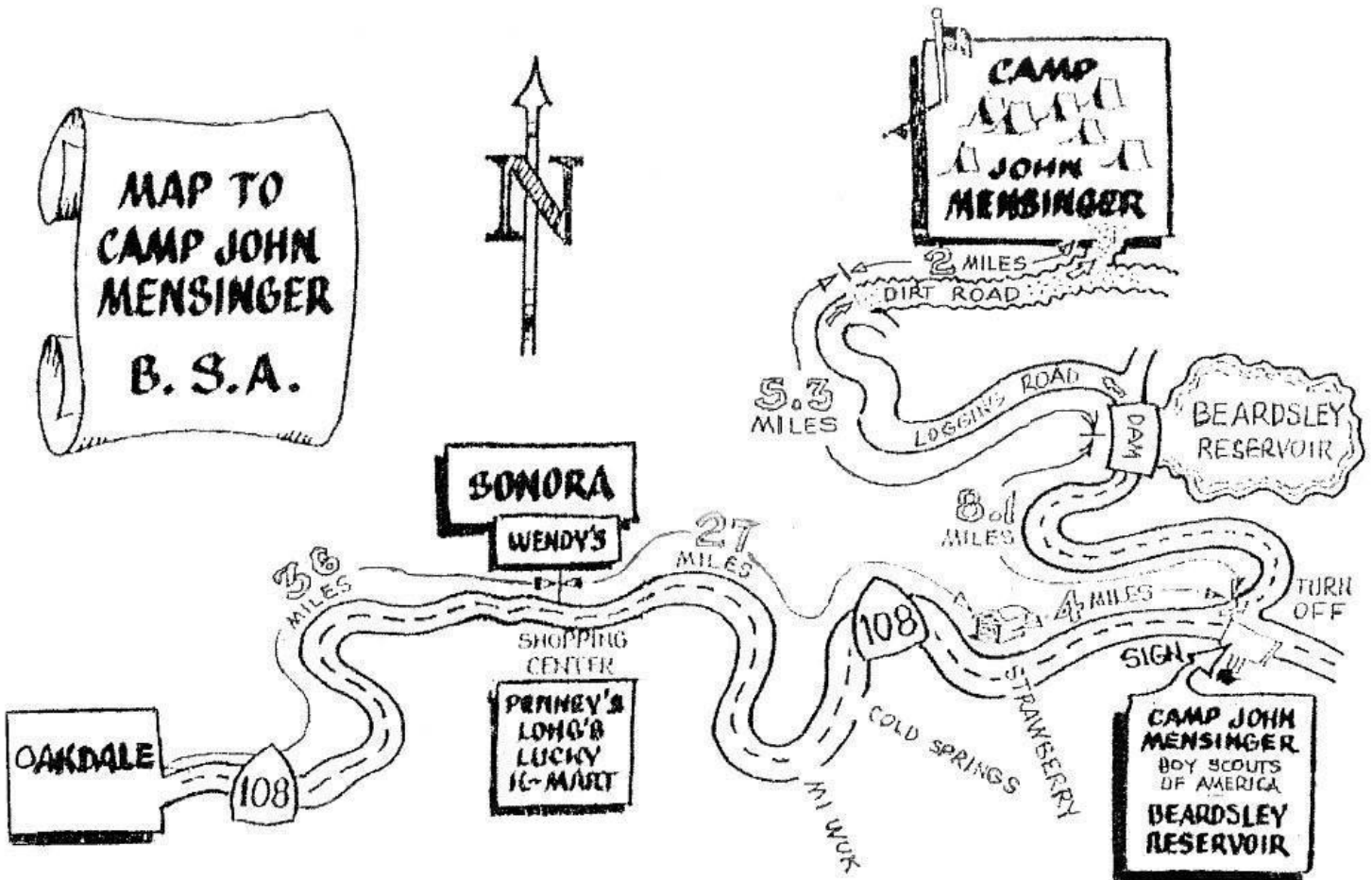
This letter is to inform you of your opportunities to attend the Ordeal and become a member of our Lodge at either the Spring Fellowship & Ordeal on June 2,3 & 4, 2017, or the Summer Fellowship & Ordeal on August 11, 12 & 13, 2017, at Camp John Mensinger. Please arrive on Friday evening no later than 8:00 p.m.

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 10 p.m. or remain until Sunday morning but depart no later than 11 a.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 \$45.00. This includes your meals, an Ordeal sash, Order of the Arrow Handbook, a Lodge pocket flap, the Universal Arrow ribbon and membership dues for 2017 and through 12/31/2018. (Thereafter dues are \$12.00 per year unless changed by the Lodge Executive Council.)

**Registration must be received at the Scout Office no later than 3 Days prior to the Ordeal,
To avoid the LATE or ONSITE Registration fee of is \$5.00!**

Any questions? Call the Modesto Scout Office at 209-545-6320. We wish you continued success in your Scouting endeavors.

See you at Camp John Mensinger!





TOLOMA LODGE

Order of the Arrow **ORDEAL CANDIDATE Registration Form** 6 EASY STEPS

2018 ~ Toloma Fellowship & Ordeal ~ Camp Mensinger

June 8, 9 & 10, 2018, or August 10, 11 & 12, 2018

Check in time 6:00 pm - 8:00 pm Friday Check out after 8:00 pm Saturday but NLT 11:00 am Sunday

PAID, PRE-REGISTRATION IS REQUIRED, 5 days prior to Ordeal to avoid \$5 late fee

1 Indicate Weekend: June 8, 9 & 14 or August 10, 11 & 12

2 Name _____ Date of Birth ____/____/____ Home Phone # _____

Address _____ Cell # _____

City _____ Zip _____ BSA Rank _____ Unit _____

District _____ e-Mail _____

3 Your current Status is: **ORDEAL CANDIDATE**

4 What are you paying for at this time: **Ordeal Candidate** **\$49.00**

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.

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

Make Checks Payable to: Greater Yosemite Council or GYC BSA **Total Enclosed = _____**

5 **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 _____ x PARENT OR GUARDIAN SIGNATURE _____

Primary Insurance Carrier: _____ Policy Number _____

In the event of an Emergency call: _____ NAME _____ PHONE _____

6 Please use one form per Member. Send form and payment to:
Greater Yosemite Council / Toloma Lodge, 4031 Technology Dr, Modesto, CA 95356-9490