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 Fall Fellowship & Ordeal on October 11, 12 & 13, 2019, at Camp McConnell. 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 $49.00. This includes your meals, an Ordeal sash, Order of the Arrow Handbook, a Lodge pocket flap, the Universal Arrow ribbon and membership dues for 2019 and through 12/31/2020. (Thereafter dues are $15.00 per year unless changed by the Lodge Executive Council.)

Registration must be received at the Scout Office no later than 5 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.
Order of the Arrow  INDUCTION CANDIDATE Registration Form 6 EASY STEPS
2019 ~ Toloma Fellowship & Ordeal ~ Camp McConnell
October 11, 12 & 13, 2019
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

Name ___________________________ Date of Birth ____/____/____ Home Phone # ____________
Address ___________________________ Cell # ____________
City ___________________________ Zip ________ BSA Rank ________ Unit ________
District ____________ e-Mail ____________

Your current Status is: ☑ ORDEAL CANDIDATE

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 = ____________

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: __________________________________________

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