



Kaweah #379 2008 Spring Ordeal & Brotherhood Fellowship

June 6 - 8, 2008
Camp Cutter – Boulder Creek, Ca

- EVENT:** OA Candidate Ordeal and Brotherhood Fellowship and Training
TIME: Check-in will be from 8:30PM until 9:30 – Ceremony begins at 10:00 PM sharp.
Trading post will be open Saturday evening for purchase of OA Items
Departure will be at 10:00AM Sunday
Arrowmen will wear OA sashes at all times and field uniforms at ceremonies and meals.
- WHAT TO BRING:** work gloves, work clothes, sleeping bag / bed roll, ground cloth, rain gear, water bottle, soap, toothbrush, toothpaste, towel, tent, Scout Field Uniform (Class “A”)
All food will be provided. Please let us know if you have dietary restrictions on reverse side.
- NOTE:** Dinner WILL NOT be served on Friday night, so please eat before you arrive at camp.

*If you have any questions or need further information call
Steve Zecher at 510-385-1826 or Mike Coustier at 510-501-8356.*

Detach here and mail or bring into the Scout Office

Member Registration

Registration should be received by the Scout Office ON or BEFORE June4, 2008.

Name: _____ Ordeal__ Brotherhood__ Vigil__

Address: _____ Youth__ Adult__

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

Email: _____ Troop or Crew# _____

(Check the appropriate Boxes, All members dues are due)

- YES, I will be attending Fellowship Weekend (\$30.00 covers dues, food and camp fees)
 YES, I will be attending Ordeal Weekend, as an **Ordeal candidate**. (\$45 includes above .& sash)
 YES, I will be attending Fellowship Weekend, as a **Brotherhood candidate**. (\$45 includes above)
 YES, I will be attending Fellowship Weekend (\$20.00 dues already paid)
 YES I will not be attending Ordeal Weekend but wish to pay my dues. (\$10.00).

ADD \$10.00 if you register upon arrival at camp as we will have to go out and buy food (we don't buy extra food just in case people show up).

PLEASE MAKE CHECKS PAYABLE TO
“BOY SCOUTS OF AMERICA”

Return to:
Alameda Council, BSA
1714 Everette St.,
Alameda, CA 94501

NOTICE A Class 1 or better medical form
(see reverse) must be attached before your
registration will be considered complete.

Dietary Restrictions:

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

To be filled out by parent, guardian, or adult participant. Please print legibly in ink or type.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name: _____ Relationship _____ Telephone _____

Name: _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Attach a separate page with any medical conditions or drug interactions. _____ Pages attached.

I give permission for full participation in BSA program, subject to limitations noted herein.

In case of emergency, I understand that every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult.)

Date _____ Signature of parent/guardian or adult _____