



Ordeal Candidate Registration Form Instructions

1. This form is for use by Ordeal Candidates to register for their Ordeal Weekend. There are separate forms for Member registration.
2. This form is fillable on-line using Adobe Reader. If the fill in fields are not highlighted, there should be a button in the upper right-hand corner to highlight the fields.
3. To make filling in forms more efficient, turn on Auto-Complete. From the Edit Menu, Select Preferences, then select Forms, at the bottom select "Basic" and check the "Remember Numerical Data" box. Then click OK at the bottom of the dialog.
4. You can save the filled in form on your computer for use in the future and can save separate copies for different members of your family if needed.
5. The Event Fee section is already filled in for you as these fees are fixed.
6. You can then print the page for the upcoming event and take it or fax it to the Council Office.



ORDEAL WEEKEND Candidate Registration Form

Spring - May 15-17, 2015

Fall – September 25-27, 2015

Gorham Scout Ranch, Chimayo, New Mexico

I plan to attend (check all that apply): Friday Night Saturday Sunday Morning

CANDIDATE INFORMATION						
Name: First		Middle Name or Initial:		Last:	Suffix:	Nickname:
BSA Member ID Number:	Sex: M F	Birth Date:		District / Chapter:		Unit (Pack, Troop, Team, Crew):
Mailing Address:						
City:			State:		ZIP Code:	
Primary Phone Number:	Type:	1 st Alternate Phone no.:		Type:	2 nd Alternate Phone no.:	Type:
Primary E-Mail:			Parent E-Mail (for youth):			
Work E-Mail:			2 nd Parent E-Mail :			
Date of Election:		Call Out: Date:		Event:		

MEDICAL INFORMATION		
(Please attach a copy of your BSA Medical Form and Insurance Card.)		
Health or Dietary Issues:		
Emergency Contact:	Relationship:	Emergency Contact Number(s):
Hospitalization or Group Company:		Group Number:
		Member Number:
_____		_____
<i>Participant's signature</i>		<i>Date</i>
Parental Statement (Required for participants under 21 years of age)		
My son has permission to attend this function. I authorize medical treatment for my son if necessary.		
_____		_____
<i>Patient/Guardian signature</i>		<i>Date</i>

ORDEAL CANDIDATE FEES	
<input checked="" type="checkbox"/> Ordeal Registration Fee - \$15.00 (Spring #393, Fall #395)	\$ 15.00
<input checked="" type="checkbox"/> Ordeal Induction Fee - \$25.00 (#371)	\$ 25.00
Total Due (Note: this include this year's and next year's dues)	\$ 40.00

Make checks payable to: Great Southwest Council, BSA

Mail/Deliver This Form With Payment to: Great Southwest Council, BSA
Attn: Order of the Arrow Membership
5841 Office Blvd. NE
Albuquerque, NM 87109

Council/Lodge Use:
Receipt #: _____
Receipt Date: _____
Clan: _____
Sash Size: R L