



NISQUALLY LODGE #155

# ORDER OF THE ARROW

## CANDIDATE ORDEAL REGISTRATION FORM

Congratulations on your election as a candidate for membership in the Order of the Arrow and Nisqually Lodge #155! Your election is only the first step on your journey in the Order of the Arrow. To receive membership rights, you must now undergo the Ordeal. Please choose from one of the two Ordeals for 2024 and complete the form below. The cost of the Ordeal is \$60.

**Spring Ordeal (June 7-9 Camp Thunderbird)** Registration Deadline is Friday, May 24.

**Summer Ordeal (August 16 - 18 Camp Thunderbird)** Registration Deadline is Friday, August 9.

Please arrive at Camp Thunderbird Friday afternoon between the hours of 6pm and 8pm. Dinner will not be served Friday night, so please eat before you arrive. Activities will begin at 8pm so please do not be late. The Ordeal weekend officially concludes Sunday morning at 10am. Parents should plan on picking up their sons between 10am and 11am.

Please bring complete Scout uniform, sleeping bag, ground cloth/tarp, rain gear, toiletries, change of clean clothes, heavy footwear (boots), work pants, work shirt, old jacket, work gloves, flashlight, and watch.

There will be a Trading Post with Order of the Arrow Nisqually Lodge t-shirts, hats, patches, etc. These items are not available in the Scout Store and only available at Order of the Arrow events.

Camp Thunderbird is located at 11740 Summit Lake Rd, Olympia, WA 98502.



### Registration Form

Register online at <https://scoutingevent.com/612-2024CandidateOrdeal> or by mail or in person at the Pacific Harbors Council Creighton Scout Service Center, 4802 South 19th Street, Tacoma, WA 98405. Program Desk Hours: Monday-Friday: 9am-5pm. Please make checks payable to Pacific Harbors Council.

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Unit Type: \_\_\_\_\_ Unit #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Indicate Your Ordeal:  Spring (6/7-9) \$60  Summer (8/16-18) \$60

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

District:  Olympic  Rainier

### Medical Release

The undersigned authorizes Pacific Harbors Council or registered adult leader to consent to medical treatment at the advice of qualified medical personnel in the event of a medical emergency and the undersigned not being able to be contacted. This authorization will remain effective while the minor is in route to or from, or involved or participating, in the above described activity.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Are your immunizations current?  No  Yes

Are you on medication?  No  Yes, please

list: \_\_\_\_\_ Please list any food allergies or

special considerations

Registration subject to the Lodge refund policy.

needed:  
Cost Code: 900017

Revised: March 3, 2024, 7:45 AM