



Kawida Lodge, Order of the Arrow

2016 Ordeals & Brotherhood Weekends

McKee Scout Reservation



| | |
|---|---------------------------------------|
| May 20-22, 2016 (3 days, 2 nights) | August 12-14, 2016 (3 days, 2 nights) |
| September 9-11, 2016 (3 days, 2 nights) | |

IMPORTANT: Check the appropriate date

If you were elected to become a member of the OA in 2016, select one of the above listed Ordeals as your opportunity to complete your induction and become a member. If you're an Arrowman, Kawida Lodge invites you to attend any or all of the 2016 Ordeals. The Ordeal is truly a unique experience, filled with service, fellowship, and fun! If you are an Arrowman whose Ordeal was more than 10 months ago, you are invited to seal your membership in Brotherhood Conversion at one of the Ordeals. Registration for each Ordeal starts at 6:00 PM on Friday night, and the event ends on Sunday morning at 10:00 AM. Meals include cracker barrels Friday and Saturday, breakfast, lunch, supper on Saturday, and breakfast on Sunday. A Call Out Ceremony will be held Friday evening for those not yet recognized. Event check-in and check-out will be at Stamler Hall.

If you have any questions please contact Todd Haydon at 859-319-0712 or adviser@kawida.org

WALK-ins are discouraged

Pre-registration closes the Friday before the Ordeal to order food for the weekend.

ALL PARTICIPANTS MUST BRING CURRENT MEDICAL FORM & COPY OF ISSURANCE CARD

PLEASE PRINT CLEARLY

| Youth | Adult (over 21) | Full Name | Choose only ONE per participant | | | Paid |
|------------------|-----------------------|------------------------------|---------------------------------|---------------------------|---------------------|------|
| | | | Ordeal Candidate | Brotherhood Conversion | Attending Member | |
| | | | \$50 | \$40 | \$20 | \$ |
| | | MAIN CONTACT - ADDRESS BELOW | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| Total Due | | | | | | \$ |

Address _____, City _____ KY, Zip _____

Phone (H) _____ (W) _____ (C) _____

Email _____ Unit (type/number) _____

Please list any allergies or medical conditions we should be aware of:

Payment enclosed Please charge my: Visa MasterCard American Express Discover

Credit Card Number _____ Expiration Date _____ CVV _____

Make Check Payable to: Kawida Lodge Order of the Arrow
and return payment to
Blue Grass Council, 3445 Richmond Road, Lexington, KY 40509
FAX: 859.252.3785