

Boy Scouts of America
Orange County Council



Order of the Arrow
Wiatava Lodge 13

Trip Ticket

Chapter: _____ District: _____

Name: _____ Unit Number: _____

Address: _____ Unit Position: _____

City: _____ Zip: _____ OA Honor (Check one):

Phone Number: _____

Ordeal Honor Candidate

Birth Date: _____

Brotherhood Honor Candidate

Ordeal Honor Member

Scout: _____ Scouter: _____

Brotherhood Honor Member

Vigil Honor Member

Name of Parent or Legal Guardian: _____

Address (if different from above): _____

Is there any reason your physical activity should be limited. _____ If yes, please explain: _____

Do you have any religious beliefs, sickness (such as diabetes) or allergies that might be affected by the menu? _____ If yes, please explain: _____

With whom have you arranged transportation: _____

Please check with them and indicate the TIME your driver expects to leave, particularly if you plan on leaving after 5:00pm on Friday. _____

Have you ever been employed as any of the following?

Carpenter	Electrician	Plumber	Mason	Mechanic	Sheet Metal	Painter	PoolService

Required Equipment for all Candidates:

1. Complete Uniform to be worn to and from the Ordeal and during Ceremony
2. Sleeping gear and ground cloth, separate from pack or bag
3. Work clothes and gloves
4. Rain gear (just in case)
5. Toilet articles, towel, flashlight, etc.

Candidate's Agreement and Pledge:

I have read and have filled out, to the best of my ability, the above information. I will fulfill the obligation entrusted to me by the Scouts of my Unit, and will endeavor to participate in the Ordeal Ceremony, regularly attend meeting of the Order, and become an active member of the Order and promote camping in my own Unit as well as in others.

Signed: _____ Date: _____

(If you are under eighteen years of age, please fill out the authorization form on the back.)

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Medical Authorization

Name of Scout: _____

Trip Dates: _____

The undersigned do hereby authorize the adult Order of the Arrow Advisor in charge or such substitute as he may designate to act as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, licensed under the Provision of Medical Practice Act, or of any dentist under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office, hospital, Scout Camp, or elsewhere. The authorization will remain in effect for this scheduled trip only, including travel to and from the Scout Camp.

Father or Guardian (signature): _____

Mother or Guardian (signature): _____

Parent or Guardian's Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Witness (signature): _____ Date: _____

Additional Comments: _____
