

# CHUMASH LODGE 90

## ORDER OF THE ARROW

### 2026 Ordeal Induction Weekends

**May 22-24                      September 4-6**  
**Rancho Alegre**



NOTE: Circumstances may require cancelling or postponing these dates; if this happens we will contact you and make new arrangements to best accommodate your needs.

**Please complete this form and return with your payment. Payments must reach us on or before the Monday before the Ordeal (May 18 or August 31) to avoid a late fee. Send or bring form to:**

**Order of the Arrow**  
**C/O Los Padres Council, Scouting America**  
**4000 Modoc Road                      OR                      712 Fiero Ln # 29**  
**Santa Barbara, CA 93110                      San Luis Obispo, CA 93401**

Join us at **Rancho Alegre** Friday evening. Registration is from 6:30 to 8 pm. Signs will be posted directing you to the registration area. **If you are an Ordeal member, and it has been at least 6 months since completing the ordeal, it is time to seal your membership by becoming Brotherhood.**

Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current OA Honors (circle one):    **Candidate**            **Ordeal**            **Brotherhood**            **Vigil**

Select Ordeal (Circle one):            Spring (May 22-24)                      Summer (September 4-6)

#### Payments:

**Rancho Alegre Ordeal Weekend:** (Choose one)

Fee includes all meals. Candidates for Ordeal and Brotherhood receive appropriate OA Sash and Orientation materials. Fee for Ordeal Candidates includes 2026 calendar year dues.

_____	Ordeal Candidate	\$50.00
_____	Brotherhood Candidate	\$50.00
_____	Member	\$35.00
_____	Non-Member guest – Saturday Dinner only	\$20.00

\$ \_\_\_\_\_

#### Late Fee:

**\$10.00** fee for forms not received at a Council Office on or before the Wednesday before the Ordeal (**May 18 or August 31**), will be assessed a \$10 late fee at the door.

\$ \_\_\_\_\_

**TOTAL**

\$ \_\_\_\_\_

**For Office Use Only: [1-2371-000-00]**

**Date Received:** \_\_\_\_\_

**Amt. Received:** \$ \_\_\_\_\_

**Office Received:** \_\_\_\_\_

**Receipt Number:** \_\_\_\_\_

**Medical Form Received:** \_\_\_\_\_

**Parent Release Form:** \_\_\_\_\_

**OA Lodgemaster Updated:** \_\_\_\_\_

**COMPLETE REVERSE SIDE – ATTACH COPY of CURRENT SCOUTING AMERICA MEDICAL FORM**

**This form must be completed and submitted by all participants, including those who register online. NO EXCEPTIONS!**