



Colonial District Chapter Order of the Arrow



Dear Candidate,

Congratulations! Your peers have identified you as worthy of membership in the Order of the Arrow. In order to complete your membership you must participate in an Ordeal Weekend within one year of your election. The fee is \$45.00 and covers food, fees, membership dues, sash, pocket flap, and handbook.

The Colonial Chapter Spring Ordeal Weekend will be held May 18th to May 20th, 2007 at Camp Big Mac, Markham, Virginia. You are encouraged to attend. Directions are as follows: Take Interstate 66, West, to Markham, VA, exit 18 (approximately 15 miles east of Front Royal). Turn left (South) on Route #688, Leeds Manor Rd. Cross Route #55. Proceed south on Route #688, Leeds Manor Rd (Cross Railroad tracks), approximately 1.7 miles. Turn right on Route #728 (Moss Hollow Rd). This road starts as a paved road, becomes gravel after 1/4 mile. Follow to end of road, approximately 2.5 miles. Left at "End State Maintenance" sign into Camp Big Mac. Parking is limited so please carpool if possible. **Please arrive at Camp Big Mac between 6:30pm and 10:00 pm.** The Ordeal weekend will end on Sunday, May 20th by 1:00 pm.

You should bring everything that you would normally take on a weekend camping/backpacking trip. You will need a tent and sleeping gear. EVERY CANDIDATE NEEDS THEIR OWN TENT. You will not need food, fuel, stoves, cook sets, cooking utensils or other mess gear. You should arrive in work clothes (long sleeves and long pants) with your Class "A" uniform packed. You should also plan on bringing a small tarp and work gloves. Mark all possessions with your name and unit number. **Don't forget rain gear and a canteen! You should eat dinner prior to your arrival on Friday night. Please use the attached check list.**

Please register in advance by mailing this form to Colonial Chapter, Spring Ordeal, 4229 Corcoran St., Alexandria, VA 22309, no later than May 9th. Late registrations and walk-ins will be accepted at Ordeal, but mailing in your form early enables us to have proper staff and food. Please bring a copy of this form with you to Ordeal.

Please email me at nofxer90@yahoo.com and/or the Chapter Inductions Advisor, Mr. Mike Fijalka at mfijalka@cox.net if you have any questions.

Yours in Brotherhood,

Chris Wolberg
Vice Chief, Inductions

PACKING LIST

You will need: LABEL ITEMS

- **INDIVIDUAL TENT- ONE PER CANDIDATE!!!**
- Sleeping Bag
- Sleeping Pad
- Ground Sheet
- Work Gloves
- Work Clothes (long sleeves and long pants)
- Class "A" Uniform
- Rain Gear
- Canteen/Water bottle
- Extra pair of shoes
- Work Tools, such as:
 - Bow Saw
 - Loppers
 - Rose Clippers
 - Hammer
 - Etc.
 - Do not bring rakes

You will not need:

- Cooking Gear
- Mess Kit
- Eating Utensils



**Colonial District OA Chapter
2007 Spring Ordeal
May 18-20, 2007
Camp Big Mac, Markham, VA
Candidate Registration Form**



Please register in advance by mailing this form to Colonial Chapter, Spring Ordeal, 4229 Corcoran St., Alexandria, VA 22309, no later than May 9th. Late registrations and walk-ins will be accepted at Ordeal, but mailing in your form early enables us to have proper staff and food. Please bring a copy of this form with you to Ordeal.

Please print all information; use one form per individual; each participant must have a completed form; copy as necessary.

Name:	Age:	Phone:	Chapter:
Address:			
Unit Type: Troop/Crew/District	Unit Number:	Date of Birth (mm/dd/yy):	

1. PARENTAL AUTHORIZATION FOR ALL SCOUTS UNDER 18 YEARS OF AGE

I, _____, parent/guardian of the above named minor, in the event of illness occurring during his participation at Camp Big Mac on May 18 to May 20, 2007, do hereby consent in advance to whatever medical procedure or treatment is considered necessary in the best judgement of the attending physician. I understand that, in the event of serious illness or injury that is not an emergency, reasonable efforts to reach me will be attempted.

Date:	Parent/Guardian Signature:
Phone:	Address:

2. MEDICAL INFORMATION (use reverse, if more room is needed)

Physical limitations			
Medical Conditions requiring medications			
Condition	Medication	Dosage	Frequency
Allergies			
Special dietary needs:			
Medical Insurance Company:	Policy No.:	Group No.:	

3. EMERGENCY NOTIFICATION INFORMATION

Name:	Relationship:
Address:	Phone No. 1 Phone No. 2

4. REGISTRATION FEES ARE AS FOLLOWS

Make checks payable to: **BSA/NCAC -- (Colonial District OA Chapter)**

Ordeal Candidate	\$45.00	Covers food, fees, membership dues, flap, sash, and handbook.
Total Amount Enclosed	<input type="text"/>	

5. SIGNATURE IF OVER 18 YEARS OF AGE

NAME:	DATE
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6. HAVE QUESTIONS? email the Chapter Vice-Chief of Inductions, Chris Wolberg at nofxer90@yahoo.com or the Chapter Inductions Advisor, Mr. Mike Fijalka at mfijalka@cox.net, or the Chapter Advisor Tony Moller at tony@aroooo.com