



Chilantakoba Lodge # 397

Order of the Arrow
Southeast Louisiana Council
P.O. Box 1146
Metairie, La. 70004

TO: Elected Candidates to the Order of the Arrow
SUBJECT: Chilantakoba Lodge Spring Fellowship

Congratulations on your election to the Order of the Arrow. You have been chosen from among your fellow scouts as an honor camper and it is now time for you to enter the brotherhood of honor campers of the Boy Scouts of America. To enter the Order of the Arrow you must go through the Ordeal, which is held in conjunction with our Lodge Fellowship. This Ordeal will be conducted at Salmen Scout Reservation on **May 4-6, 2012**. Upon your completion of the Ordeal you will become an Ordeal member of Chilantakoba Lodge #397.

You are to report **in work clothes** to Salmen Scout Reservation **no later than 9:30 P.M. on Friday, May 4, 2012**. Registration begins at 6:30 P.M. Bring with you your complete uniform and any camping gear you deem necessary. **You should especially remember to bring a sleeping bag, ground cloth, and gear for inclement and cold/ warm weather. ALSO REMEMBER TO BRING WORK GLOVES.** You should be prepared to sleep under the stars. You may want to bring an extra set of work clothes. **You should have your sleeping gear and ground cloth arranged in a way that you can carry it on the trail.** Your pack, tent, and other gear will be stored for you Friday night and Saturday during the day. Remember, you and your Troop are responsible for tentage. **Also, remember to bring the arrow you have made, which is described on the insert accompanying this letter.**

The cost of the Ordeal is **\$38.00** - This fee includes all meals beginning with Saturday breakfast and ending with Sunday breakfast. It also includes an OA sash, handbook, and dues paid until December 31, 2012. **Your member flap and Other Order of the Arrow items will be for sale Saturday night after the Ordeal Ceremony. Please bring money if you wish to purchase your flap and other items!**

If you are a youth candidate, **have your parents or guardian fill out the Health History** completely, along with **BOTH COPIES** of the Health Cards (both sides, as well). **If you do not, you will be sent home Friday night.** If you are an adult candidate, fill out the Health History also. Mail the completed form along with your fee to the Council Service center at the address listed. **PLEASE DO NOT SEND ORIGINAL BSA PHYSICALS.** Copies are fine, as these health forms **WILL BE DESTROYED** after the fellowship, and will not be returned to you.

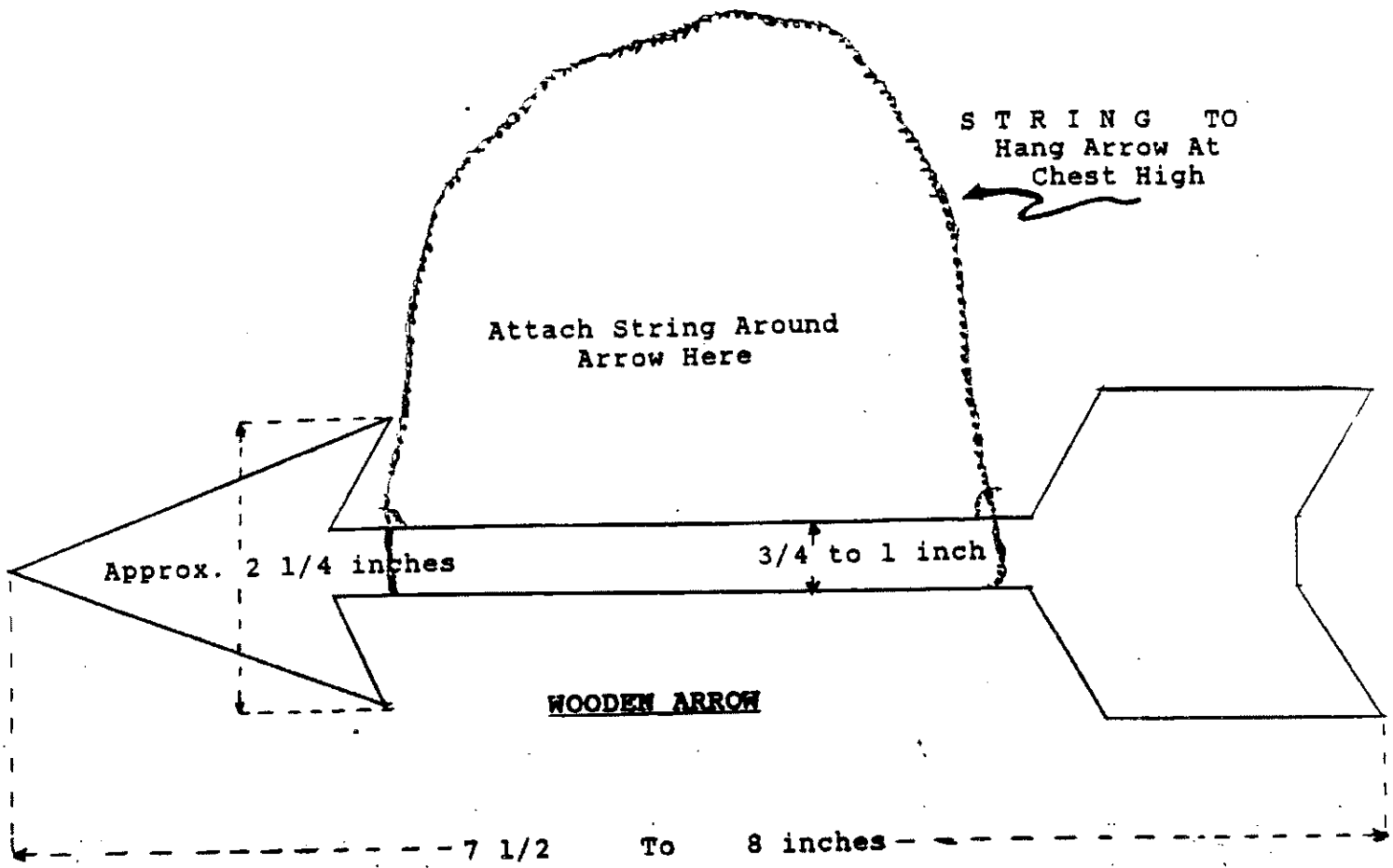
If you wish, you may also register on-line, at www.chilantakoba.com/candidates/. If you register on-line, **BRING A COPY OF YOUR REGISTRATION RECEIPT WITH YOU TO THE FELLOWSHIP.** You should still mail your medical form to the council office, even if you register on-line. If you are in doubt as to whether it will get to us in time, bring a copy with you to the fellowship.

During the day you will be assigned to candidate work crews. Each crew will have a member leader and an adult member adviser. If for some reason you will not be able to work on Saturday, some medical problem or something of that sort, please let the Lodge Chief know Friday night so that the problem can be properly handled.

Order of the Arrow Ordeals are considered very serious and revered activities and are conducted in the highest traditions of the Boy Scouts of America. There is no hazing of candidates, and all activities will be in the highest traditions of the Scout Oath and Scout Law. At all times you are treated as the honor camper your unit considers you to be. We do, however, expect you to follow all instructions given to you by the Ordeal Team, and any violation of these instructions is considered a very serious matter.

Your election to the Order gives you the opportunity to participate in an Ordeal at any time within a year of your election or nomination. Our Ordeals are held twice a year, in conjunction with our Spring and Fall Fellowships. So, if you cannot attend this Spring Ordeal, you can attend the Fall Ordeal, if it occurs less than a year after your election or nomination. That Ordeal is currently scheduled to be held in November of 2012, also at Salmen Scout Reservation. However, if you were elected in time for the last Fall Ordeal, and did not attend, you must either attend this Ordeal, or the next Fall Ordeal, or you will have to be re-elected or re-nominated, at your unit's next Order of the Arrow election.

If you have any questions, please feel free to contact Patrick Burtchaell, Vice Chief of Administration, at burtchaell@mac.com; Shaun Tucker, Elections Chairman, at smtucker94@yahoo.com; or Dennis Tucker, Elections Advisor, at dutucker58@yahoo.com. We are looking forward to welcoming you into our Order.



NOTICE TO ALL CANDIDATES TAKING THE ORDEAL

EVERY CANDIDATE TAKING THE ORDEAL will be required to carve or cut out a Arrow to the approximate dimensions given above and about 1/4 to 1/2 inches thick. This arrow is to have a heavy string attached to it in the approximate positions shown. The string should be long enough to suspend the arrow around the neck and have the arrow hang about mid-chest. This arrow is to be worn by the candidates at all times from registration Friday night until after the ordeal ceremony Saturday night.

The arrow shown above need not be exactly the dimensions shown, but should be approximately to the measurements given.

HAVE FUN! AND GOOD LUCK ON THE ORDEAL! ! !

Fill Out and Mail To:



Order of the Arrow – BSA
 Southeast Louisiana Council
 P.O. Box 1146
 Metairie, La. 70004

**Please include \$33.00 to cover
 the cost of the Ordeal
 Make check payable to:
 Southeast Louisiana Council**

Name		Unit	District	
Address		City	State	Zip
Phone	Amount Enclosed	Adult <input type="checkbox"/> Youth <input type="checkbox"/>	Birth Date	

Parents: Please fill out the Health History completely. Failure to do so will prevent your son from participating in the Ordeal.

Adult Candidates: Please fill out the Health History for yourself.

Health History				
Please Print				
Name		Address		
City		State	Zip	
Health/Accident Insurance Company		Policy Number		
Have or subject to (check if yes)				
<input type="checkbox"/> Asthma <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Convulsions <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Bleeding disorders		<input type="checkbox"/> None <input type="checkbox"/> Allergy to any medication, food, plant, animal, or insect toxin <input type="checkbox"/> Any condition that may require special care, medication, or diet		
Explain Details				
Have difficult with (check if yes):				
<input type="checkbox"/> Eyes, ears nose, throat <input type="checkbox"/> Digestion <input type="checkbox"/> Bed-wetting <input type="checkbox"/> Lungs <input type="checkbox"/> Sleepwalking				
Any condition now requiring regular medication? _____ Name of Medication: _____				
Any restriction of activity for medical reasons? _____ Explain: _____				
Immunizations	Date of last inoculation	Date of last inoculation	Date of last inoculation	Date of last inoculation
Tetanus toxoid _____	Polio _____	Mumps _____	Pertussis _____	
Diphtheria _____	Measles _____	Rubella _____		
Parent Authorization				
This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection for my son.				
Signature: _____				Date: _____
Parent or Guardian				
Home Telephone Number			Business Telephone Number	