



**APOXYAIO LODGE 300**

# 2018 Spring Ordeals



**June 8 to 10th – K-M Ordeal**  
**June 22 to 24<sup>th</sup> – Melita Island Ordeal**

## **Cost:**

The fee for new ordeal candidates is \$45.00, \$40.00 for brotherhood candidates and \$30.00 for members. Pre register with the Service Center in Great Falls. A form has been included to aid in your pre-registration. Order of the Arrow specialty items will be available for purchase through the OA trading post.

## **What to bring:**

Participants should come prepared for camping in the outdoors including a tent, sleeping bag, ground cloth (a must), rain gear, work gloves and boots and personal clothing and toiletry items. We can also use carpentry, painting and electrical tools as well as shovels rakes and picks. **BE PREPARED**

Meals to be provided are breakfast lunch and dinner on Saturday and breakfast on Sunday. You should plan on eating before you arrive on Friday evening or bring a sack lunch.

## **Work Projects Include:**

Clean up of buildings, sorting, organizing and inventory of equipment. There are lots of building, plumbing, electrical and painting projects and burning, digging, raking and shoveling. Our Ordeals are greatly needed to get our facilities ready to host Summer Camp.

## **Arrival and Departure:**

Shuttles to the Melita Island Ordeal are expected to be at 5:00, 6:00, 7:00 and 8:00pm Friday evening from Walstad Landing or (Walstad Fishing Access) which is located 10 miles north of Polson on US Highway 93 at milepost 71 and approximately two miles east of Big Arm. A shuttle schedule will be posted at the Lodge web site [www.apoxyaio.com](http://www.apoxyaio.com) at a later date.

Gear may be unloaded at the Walstad Landing however all parking will be in our designated parking area across highway 93, directly south of the Walstad Landing.

For those attending the K-M Ordeal, please plan on arriving at K-M no later than 8:00 pm on Friday evening.

Plan on being picked up or departing no later than 10:00am on Sunday morning, Saturday evening departure is not recommended.

## **What to expect:**

The Ordeal is full of Order of the Arrow traditions and mystery and is a great opportunity to reflect on your scout life and character and come to a deeper understanding of the scout Oath and Law and the principles of the Order. If you or your parents have any questions or concerns about the event please feel free to email Lodge Chief John Brault at [john.brault27@gmail.com](mailto:john.brault27@gmail.com) or Lodge Adviser Tom Burkhardt at [burkhart.ketchum@gmail.com](mailto:burkhart.ketchum@gmail.com).



# Apoxy Aio Lodge 300 2018 Spring Ordeals Registration Form



BSA Membership Number: \_\_\_\_\_ (found on your BSA membership card issued by your unit of registration)

Name: \_\_\_\_\_ Youth: \_\_\_\_ Adult: \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Any Known Medical Problems: \_\_\_\_\_

\_\_\_\_ I will be attending the Ordeal at Melita Island

\_\_\_\_ I will be attending the Ordeal at K-M Scout Ranch

Cost: \_\_\_\_ \$45.00 Ordeal Fee (new to the order, just called out)  
\_\_\_\_ \$40.00 Brotherhood Fee (current Ordeal members advancing to Brotherhood)  
\_\_\_\_ \$30.00 Members, please mark the level you are \_\_\_\_ Ordeal \_\_\_\_ Brotherhood \_\_\_\_ Vigil

**\*\*\* PLEASE NOTE \*\*\***

**There will be an additional \$5 (five dollar) charge for attending the Melita Island Ordeal, in order to help cover the shuttling costs.**

Make checks payable and mail to: **Montana Council BSA**  
820 17<sup>th</sup> Ave So  
Great Falls, MT 59405

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## Class 1 Personal Health and Medical History

To be filled out by a parent, guardian, or adult participant. Please print legibly in ink or type.

### IDENTIFICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### If person named above is not available in the event of an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone : (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone : (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone : (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

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In case of an emergency, I understand that every effort will be made to contact me (if an adult, my spouse or next of kin.) In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Date \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

**Please mail this form and check to the council office ASAP**