



# CHUMASH LODGE 90 ORDER OF THE ARROW NOAC 2022

*Please complete this form and return with your payment to:*  
NOAC Contingent  
Order of the Arrow  
Attn: Glen Goddard  
4000 Modoc Rd  
Santa Barbara, CA 93110  
Make Checks payable to Los Padres Council

**July 25 – 30, 2022 [Plus travel day(s)]**

The conference fee is approximately \$625 for youth and adult members if paid in full no later than May 25; after that date the fee increases to \$675. The conference fee includes five night's housing, 14 meals, program and support materials, registration materials, and recognition items during the six-day conference. There will be additional airfare and other transportation fees to be finalized for our contingent, before a total cost can be finalized. Total cost is currently estimated at \$1400 - \$1,600 (\$625 Conference Fee, \$900 Contingent transportation fees, and basic contingent gear, partially offset by Lodge fund raising efforts). Mail a completed copy of this registration form for each person registering and a check for \$100, made out to "Los Padres Council" to the address listed above. Please write "OA - NOAC 2022" on the check.

I understand that this **initial** payment is non-refundable. This payment will hold a space for my Scout or myself in the Chumash Lodge contingent for NOAC 2022 for the July 25<sup>th</sup> – July 30<sup>th</sup>, 2022 event. I understand that although this initial payment is non-refundable, it is transferrable to another Scout or Adult in the event that I am unable to attend.

Circle One:                                      YOUTH (under 21)      ADULT

Full Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

NOAC Participant Signature: \_\_\_\_\_  
Parent or Guardian Signature\*: \_\_\_\_\_  
\*If participant is under 18

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**For Office Use Only:**                                      1-2371-016-00  
Amt. Received: \$ \_\_\_\_\_                                      Date Received: \_\_\_\_\_  
Office Received: \_\_\_\_\_                                      Receipt No.: \_\_\_\_\_

*Place copy of this form in OA folder in Santa Barbara office*