

Langundowi Lodge #46

# 2017 Fall Conclave

Friday the 13<sup>th</sup>!

October 13-15, 2017  
Custaloga Town Scout Reservation



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Unit Number: \_\_\_\_\_

**Account 900055**

**Enclosed is my Registration for the fellowship weekend**

\_\_\_\_ **Early Bird Registration \$20.00 (October 4, 2017)**

\_\_\_\_ **Normal registration \$30.00 (October 9, 2017)**

**WALK IN FEE \$50.00**

If a receipt is desired, please enclose a self-addressed, stamped envelope.

Mail this form and payment to:

Langundowi Lodge  
c/o French Creek Council, BSA  
1815 Robison Rd West  
Erie, PA 16509-4999

Check-in is 8:00 p.m. Friday evening. Check-out is 10:00 a.m. Sunday

Bring your own tent camping is available in Seton and West campsite.

*Please complete the other side of this form.*

# Emergency Information and Waiver

Name of Participant: \_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

If the person named above is not available, please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of physician: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

The Social Security Number of the patient may be requested by the hospital.

Additional information we should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, I understand 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, but not limited to, hospitalization, anesthesia, surgery, or injections and medication for my son (or if me, if an adult).

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