

# Langundowi Lodge #46 2017 Ordeals



July 7-9, 2017  
August 25-27, 2017  
Custaloga Town Scout Reservation

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

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

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

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

**Account 900050**

**Enclosed is my Registration for the July Ordeal**

\_\_\_\_\_ **Early Bird Registration \$10.00 (By June 28)**

\_\_\_\_\_ **Normal registration \$20.00 if mailed after the early bird  
Deadline (June 29 prior to July 5)**

**Enclosed is my Registration for the August Ordeal**

\_\_\_\_\_ **Early Bird Registration \$10.00 (By August 16)**

\_\_\_\_\_ **Normal registration \$20.00 if mailed after the early bird  
Deadline (August 17 prior to August 22)**

**WALK IN FEE \$30.00**

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 (July at Pow-Wow Pavilion; August at Dining Hall). Check-out is 10:00 a.m. Sunday

Bring your own tent camping is available in Moss and Cub Area (July) and Seton and West campsite (August)

*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 \_\_\_\_\_