Langundowi Lodge #46 Delegation

2013 NE- 4A Section Conclave

June 7-9, 2013 Camp Olmstead: Russell, PA (near Warren, PA)



Name:	
Address:	····
City, State, Zip:	····
Phone:	Unit Number:
Account 900051	
Enclosed is my Registration for the Early Bird Registration \$30.0	00 (May 3, 2013)
Normal registration \$40.00 if deadline (May 4 to June 6)	mailed after the early bird

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

Please complete the other side of this form.

Emergency Information and Waiver

Name of Partic	cipant:	
In case of emergen	cy, contact:	
Name:		
		Telephone:
If the person named	d above is not available, ple	ease contact:
Name:		
Relationship:		Telephone:
Name of physi	cian:	
Address:		Telephone:
Health Insuran	ce:	
The Social Sec	curity Number of the	patient may be requested by the hospital.
Additional informati	on we should know:	
my spouse or permission to teatment, include	next of kin). In the e the physician selecte	d every effort will be made to contact me (if an adult, vent I cannot be reached, I hereby give my ed by the adult leader in charge to secure proper I to, hospitalization, anesthesia, surgery, or injection e, if an adult).
Date:	Signature of parent	t/quardian or adult