2014 NE-4A Section Conclave

June 6-8th, 2014
Camp Lavigne
Benton, PA 17814

Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Email: _____

Account 900051

Enclosed is my Registration for the fellowship weekend
____ Early Bird Registration $38.00 (April 30, 2014)
____ Normal registration $45.00 if mailed after the early bird Deadline (April 30, 2014)

NO WALK INS

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. Camp may have summer camp tents up. –
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_____