

Langundowi Lodge #46 2014 Ordeals Current members

(incoming member; use Ordeal Candidate form)

July 11-13; August 22-24

Custaloga Town Scout Reservation



Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Unit Number: _____

Dietary allergies: _____

Account 900050

Enclosed is my Registration for the July Ordeal

_____ **Early Bird Registration \$10.00 (July 2, 2014)**

_____ **Normal registration \$25.00 if mailed after the early bird
Deadline (July 3 to July 10)**

Enclosed is my Registration for the August Ordeal

_____ **Early Bird Registration \$10.00 (Aug 13, 2014)**

_____ **Normal registration \$25.00 if mailed after the early bird
Deadline (Aug 14 to Aug 21)**

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; July @ Cub Pavilion; Aug @ Dining Hall

Check-out is 10:00 a.m. Sunday

Bring your own tent camping is available in Moss and Cub Area (July)

Seton and West campsite (Aug) – NO Sleeping in the Dining Hall!!!!

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 _____