

**ILLINEK LODGE REGISTRATION FORM (March, 2022)** ABRAHAM LINCOLN COUNCIL, BSA

5231 South Sixth Street Road  
 Springfield, Illinois 62703  
 Phone 217.529.2727

Name \_\_\_\_\_

Address \_\_\_\_\_

Unit \_\_\_\_\_

City & Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Other lodge members included with this reservation:

Phone \_\_\_\_\_

Enclosed is payment for the following event (s)

Activity	Location	Event Date	Due Date	Fee*	Payment
Dues	For 2022	Jan - Dec		\$15.00	
Back Dues	Catch up	Several		\$1.00	
One Day of Service	Camps Illinek, Freudenberg	April 9	Please help	\$12/dinner	
June Fellowship	Camp Bunn	Jun 3-5	May 27	\$25.00	
August Fellowship	Camp Illinek	Aug 19-21	Aug 12	\$25.00	
Section Conclave	Rhodes-France SR	Oct 7-9	TBD	TBD	
October Fellowship	Camp Illinek	Oct 14-16	Oct 6	\$25.00	

\*credit card fees may apply

TOTAL PAYMENT INCLUDED OF \$ \_\_\_\_\_

**For overnight events:**

**Parent/Guardian Authorization (required if Ordeal candidate is less than 18 years of age).**

I hereby authorize the youth named above to attend the Illinek Ordeal listed above. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

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

Policy #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

A complete BSA medical form "Annual Health & Medical Record form 34605, MUST be submitted with your registration. Parts A & B to be completed. (The medical you used for summer camp will suffice.) Any medical or dietary concerns should be discussed by your parent or guardian, with the Lodge Advisor and Event Medical Officer when you arrive Friday evening. A complete menu for the weekend will be available for review on Friday evening so those parents may also verify areas of potential concern. A blank copy of the medical form is online at: [http://www.scouting.org/filestore/pdf/34605\\_Letter.pdf](http://www.scouting.org/filestore/pdf/34605_Letter.pdf)

Unless otherwise required, meals may include dairy, wheat products or grains, nuts or nut based oils, fruits, sugar and similar products. We can adjust these on a case-by-case basis, but we must know in advance to ensure we have acceptable foods.

For additional information, or questions, please contact John Kirchgessner at (217) 971-6565 or [johnk1904@gmail.com](mailto:johnk1904@gmail.com)

**Please include any dietary restrictions with this registration form.**

**Special Notes of Interest (health concerns, signing up as an Elangomat, Brotherhood, etc.):**

**For Office Use Only:**

Paid Amount \$ \_\_\_\_\_, Date Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_ Scan \_\_\_\_\_